Public Document Pack

Notice of Meeting

Health and Wellbeing Board

Thursday, 24th September 2015 at 9.00 am

at Shaw House, Newbury

Date of despatch of Agenda: Wednesday, 16 September 2015

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jessica Bailiss / Moira Fraser / Jo Reeves on (01635) 503124 / 519045 / 5194
e-mail: jbailiss@westberks.gov.uk / mfraser@westberks.gov.uk / jreeves@westberks.gov.uk

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk

West Berkshire COUNCIL

To: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care) and Councillor Gordon Lundie (Executive Portfolio: Leader of Council, Strategy & Performance, Legal & Strategic Support)

Agenda

Part I

			Page No.
9.00 am	1	**Apologies for Absence** To receive apologies for inability to attend the meeting (if any).	
9.07 am	2	**Declarations of Interest** To remind Members of the need to record the existence and nature of any Personal, Disclosable Pecuniary or other interests in items on the agenda, in accordance with the Members' Code of Conduct.	
9.02 am	3	**Minutes** To approve as a correct record the Minutes of the meeting of the Board held on 30th July 2015..	7 - 16
9.10 am	4	**Health and Wellbeing Board Forward Plan** An opportunity for Board Members to suggest items to go on to the Forward Plan.	17 - 18
9.12 am	5	**Actions arising from previous meeting(s)** To consider outstanding actions from previous meeting(s).	19 - 20
	6	**Public Questions** Members of the Executive to answer questions submitted by members of the public in accordance with the Executive Procedure Rules contained in the Council's Constitution. *(Note: There were no questions submitted relating to items not included on this Agenda.)*	

7 **Petitions**
Councillors or Members of the public may present any petition which they have received. These will normally be referred to the appropriate Committee without discussion.

Items for discussion

Systems Resilience

9.15 am	8	**Health and Social Care Dashboard (Shairoz Claridge/Tandra Forster/Rachael Wardell)** Purpose: To present the Dashboard and highlight any emerging issues.	21 - 24

Integration Programme

9.25 am	9	**An update report on the Better Care Fund and wider integration programme (Shairoz Claridge/Tandra Forster)** Purpose: To keep the Board up to date on progression with the BCF and wider integration programme. *(Please note that Appendices A and C to this report are included within the separate information only pack, circulated with this agenda)*	25 - 34
9.35 am	10	**The New Way of Working (Tandra Forster)** Purpose: To advise the Health and Wellbeing Board on the Adult Social Care change programme.	35 - 46
9.50 am	11	**A Review of Governance arrangements in respect of Health and Social Care Integration within Berkshire West (Nick Carter)** Purpose: To inform the Board on the review of governance arrangements in place to support system integration across Berkshire West.	47 - 60

Health and Wellbeing Strategy/Joint Strategic Needs Assessment

10.00 am	12	**Feedback on the Health and Wellbeing Strategy Hot Focus: Mental Health and Wellbeing in Adults (Rachel Johnson/Lesley Wyman)** Purpose: To feedback on activity that has taken place over the last three months.	61 - 64

Finance

10.15 am	13	**Better Care Fund - Under spends and Use of Contingency Fund (Tandra Forster/Shairoz Claridge)** Purpose: To seek approval from the Health and Wellbeing Board for the adjustment of the financial plan and proposed alternative investments.	65 - 68

Development Plan

10.25 am	14	**Berkshire West Health and Wellbeing Peer Challenge (Nick Carter)** Purpose: To brief the Board on the Peer Challenge, which will take place in December 2015.	69 - 72

Other issues for discussion

10.35 am	15	**Female Genital Mutilation (Fran Gosling Thomas)** Purpose: The findings of LSCB Task and Finish Group are that FGM be a matter raised at the Health and Wellbeing Board in order to ensure that addressing FGM is a priority for all agencies and that it is seen s a family and community issue.	73 - 86
	16	**Members' Question(s)** Members of the Executive to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution.	

Other Information not for Discussion

	17	**Health and Wellbeing Conference (Jessica Bailiss/Jo Naylor)** Purpose: To brief the Board on the Conference and provide them with a final draft of the agenda.	87 - 90

18 **Future meeting dates**

26 November 2015
28 January 2016
24 March 2016
26 May 2016
7th July 2016 (provisional)
29th September 2016 (provisional)
24th November 2016 (provisional)
27th January 2017 (provisional)
30th March 2017 (provisional)
25th May 2017 (provisional)

Andy Day
Head of Strategic Support

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.

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DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 30 JULY 2015

Present: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Dr Lise Llewellyn (Public Health), Cathy Winfield (Berkshire West CCGs) and Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care)

Also Present: Jessica Bailiss (WBC - Executive Support), Lesley Wyman (WBC - Public Health & Wellbeing), Shairoz Claridge (Newbury and District CCG), Jim Davis (The Children's Society), Joanna Petty (The Children's Society) and Patrick Leavey (WBC - Adult Social Care)

Apologies for inability to attend the meeting: Rachael Wardell, Councillor Hilary Cole, Councillor Lynne Doherty, Councillor Graham Jones and Councillor Gordon Lundie

(Dr Bal Bahia in the Chair)

PART I

15 Minutes

The Minutes of the meeting held on 4 June 2015 were approved as a true and correct record and signed by the Vice Chairman.

16 Declarations of Interest

Dr Bal Bahia and Dr Barbara Barrie declared an interest in all matters pertaining to Primary Care, by virtue of the fact that they were General Practitioners, but reported that as their interest was not personal, prejudicial or a disclosable pecuniary interest, they determined to remain to take part in the debate and vote on the matters where appropriate.

Adrian Barker declared an interest in agenda item 13, by virtue of the fact that he was a trustee and Chairman of Time to Talk West Berkshire, a youth counselling charity. He reported that as his interest was not personal, prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

17 Health and Wellbeing Board Forward Plan

Cathy Winfield reported that new guidance was being released for the Better Care Fund (BCF) and would be ready to come to the Health and Wellbeing Board around December 2015/January 2016. Adrian Barker supported the information coming to the Board and stated that it was important that the Board be kept informed about development relevant to its work.

Dr Bal Bahia reported that two Management Group meetings took place between each Board meeting and therefore further issues might arise.

18 Actions arising from previous meeting(s)

The Health and Wellbeing Board noted the action list for the previous meeting and progress made.

Dr Bal Bahia reported that Board Members had met informally between Board meetings, which had been very successful and signified that more informal work was required.

19 Public Questions

There were no public questions received.

20 Petitions

There were no petitions presented to the Board.

21 Health and Social Care Dashboard (Patrick Leavey/Shairoz Claridge)

Patrick Leavey introduced the item to Members of the Health and Wellbeing Board beginning with the Adult Social Care section of the Dashboard.

It was reported that improvement was being seen regarding ASC1; the proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service. Staff were often not waiting for formal discharge notes, but seeking it before this point ensuring a more timely approach. Better planning gave increased opportunity to engage with patients.

Regarding AS2; the number of assessments completed in the last 12 months leading to a provision of a long term service, Patrick Leavey reported that changes in eligibility under the Care Act would impact on this area. Data was not yet available to indicate the scale of the impact.

Lastly Patrick Leavey referred to ASC3; Proportion of clients with Long Term Service receiving a review in past 12 months. Since the introduction of the Care Act, there was a requirement for Councils to carry out these reviews. This measure would also be impacted upon by the change in the eligibility criteria, as some people receiving care would be entitled to an increased service.

Cathy Winfield commented that the Dashboard was a useful tool however, the level of impact needed to be considered. This would also need to be taken into account when planning for the Better Care Fund for 2016. Patrick Leavey stated that it was important to recognise that the impact from the Care Act i would not just be on the Council but the whole health system.

Dr Bal Bahia queried if the indicators under the Adult Social Care section of the Dashboard were the right ones to show resilience. Patrick Leavey reported that he would be able to bring data to the Board which showed increases in client numbers and impact on budgets. This also linked to the new way of working within Adult Social Care, which Tandra Forster would be presenting on at the next meeting of the Health and Wellbeing Board.

Dr Lise Llewellyn stated that it was important that wider conversations were taking place around prevention and that links were being made with different agencies in order to build resilience.

Mac Heath introduced the Children's Social Care section of the Dashboard. CSC1; number of Looked After Children: CSC2; the number of child protection plans and CSC3; the number of 47 enquiries per 10,000 population were all red and highlighted the

increase in demand on Children's Social Care. The recent Ofsted inspection had not identified thresholds as being wrong.

Shairoz Claridge introduced the Acute Sector of the Dashboard to the Board. There had been a struggle around AS1; four hour Accident and Emergency target, over the winter however, it was now an improving picture and performance was amber for the Royal Berkshire NHS Foundation Trust. Shairoz Claridge reported that this had improved further with June data being 96.7%. Data was not yet available for Great Western or Hampshire Hospitals NHS Foundation Trusts however, work was taking place to improve performance.

Regarding the AS5; Ambulance Clinical Quality, this was very close to being green and was being achieved on a Thames Valley basis. Work was taking place with the South and Central Ambulance Service (SCAS) to improve the picture.

Dr Bahia reported that there were no indicators that showed resilience for Primary Care however, the next item on the agenda was the Primary Care Strategy.

22 Primary Care Strategy (Dr Bal Bahia)

Dr Bal Bahia introduced the Primary Care Strategy to Members of the Health and Wellbeing Board. The four Berkshire Clinical Commissioning Groups had recently been given approval to jointly commission primary medical services with NHS England under co-commissioning arrangements. Comments on the Strategy were being sought from the Health and Wellbeing Board. The document was currently aimed at professionals however, a public facing document would be created.

The Strategy had been developed through Call to Action events. At these events, views had been shared on what was happening with the health economy and they had played a fundamental role in obtaining feedback.

Dr Bahia referred to page 30 of the agenda pack which detailed the vision for Primary Care. By 2019 Primary Care in Berkshire West would:

- Be an attractive place to work;
- Offer defined level of care through varying delivery models;
- Be sustainable;
- Use technology to maximum effect;
- Be preventative;
- Provide targeted, proactive and coordinated care for 'at-risk' patients;
- Be an integral part of the urgent care system;
- Offer timely appointments over extended week in accordance with patient need;
- Support patients to manage complex long-term conditions;
- Be provided from fit-for-purpose premises;
- Be high quality and cost-effective;
- Be valued and utilised appropriately by patients.

The aim was to develop the out of hospital sector. The Strategy was aligned to the NHS's Five Year Forward View.

Page 35 of the agenda pack listed the strategic objectives for Primary Care. Some of the work listed had already commenced such as acting as accountable clinicians for the Over 75s. Extended access had already begun through funding obtained by the Clinical Commissioning Group (CCG) for winter resilience. The overall aim was to maximise the work of General Practitioners.

Page 45 of the agenda pack detailed how the Strategy was being delivered. There was a Quality Outcomes Framework (QOF), which monitored the quality of care and had ensured that care had become standardised. The empowerment of patients was a theme that would be built upon, along with providing continuity for patients and working in collaboration.

Adrian Barker noted that there was an aspiration to move away from practices, which served over 6000 patients and queried how many practices there were like this in West Berkshire. Cathy Winfield reported that there were none in West Berkshire specifically and this referred more to inner city practices for example in Reading.

Adrian Barker queried how the Primary Care Strategy aligned with the broader Health and Wellbeing Strategy. It was felt that some of the issues could be dealt with more effectively with a whole system approach.

Dr Lise Llewellyn commended the Strategy however, asked how it linked to the wider system and the Better Care Fund as Primary Care was at the heart of patient services. Dr Llewellyn also stated that they needed to work with the public to ensure that the message was communicated that continuity was not always provided by doctors, for example somebody might need to see another health professional such as a pharmacist. This would be a huge culture change.

(Councillor Roger Croft left the meeting at 9.30am)

Dr Bahia referred to Dr Llewellyn's point and reported that part of the new way of working would involve looking at other services/professionals available.

Adrian Barker stated that it would be useful for both Healthwatch and the Council to form part of any engagement activity.

Cathy Winfield queried which Member of the Health and Wellbeing Board sat on the Co-Commissioing Committee as the Health and Wellbeing Board were entitled to a seat. It was confirmed that this role belonged to the Chairman of the Board. There was also a seat on the Committee for Healthwatch.

23 An update report on the Better Care Fund and wider integration programme (Patrick Leavey/Shairoz Claridge)

Patrick Leavey introduced the item to Members of the Health and Wellbeing Board. The aim of the report was to update the Board on progress with the Better Care Fund Schemes. Patrick Leavey firstly referred to the two local West Berkshire Schemes.

The Joint Care Provider Project: This project began at the beginning of June 2015. The aim of the project was to ensure people accessing the Adult Social Care front door were responded to jointly. Other components included within this project were seven day working and Trusted Assessors.

Personal Recovery Guide: This project commenced in July 2015 and involved three voluntary organisations; the Red Cross, the Volunteer Service West Berkshire and AgeUK. These organisations would work with people going through the system to help resolved any blockages or help patients struggling to understand aspects of their care.

Councillor Mollie Lock noted that links were made to Basingstoke and Swindon Hospitals and queried if links were also made with Oxford. Patrick Leavey confirmed that links had been formed with Oxford and that the process was a gradual build up of links. Eventually the service would apply to anyone using the Adult Social Care Front Door, which could mean any hospital in the country.

Dr Bahia queried how patients were selected and Patrick Leavey confirmed that this could be done by General Practitioners, staff within hospitals or self referral.

Dr Bahia queried the progress with the Integrated Health and Social Care hub. Patrick Leavey reported that this was an ongoing concept however, the concept of a central hub conflicted with the new approach being adopted by Adult Social Care, which was to ensure issues raised by a person entering the system were followed up by one person. There would be the potential to move towards a central hub in the future.

Cathy Winfield reported that she understood that Adult Social Care had adopted a new way of working however, the concept of a central hub might want to be revisited once the national Urgent Care Strategy was released. It was about ensuring services were sustainable going forward and although good work was taking place, it was important to make use of opportunities.

24 Quality Premium (Shairoz Claridge)

Shairoz Claridge introduced the report which aimed to inform the Board of the Quality Premium Scheme. It highlighted the two local indicators that the Clinical Commissioning Group (CCG) had elected to achieve, which aligned with the local Health and Wellbeing Strategy.

NHS England had produced 'Quality Premium Guidance' for CCGs for 2015/16. The Quality Premium was intended to reward CCGs for improvements in the quality of services that they commissioned and for associated improvements in health outcomes and educing inequalities.

There was a menu of three measures for CCGs to choose from locally in conjunction with their relevant Health and Wellbeing Board and local NHS England team. The menu was worth 30 per cent of the Quality Premium.

Newbury and District CCG had chosen two local indicators. The first indicator was on domestic violence and the second indicator was on the Eat 4 Health scheme. North and West Reading CCG's local Quality Premium Indicators were featured under paragraph six of the report.

Adrian Barker asked for confirmation that the total amount awardable equated to about quarter of a million pounds. Cathy Winfield reported that not all of the Quality Premium had been obtained however, the Newbury and District CCG had managed to secure the majority of the money in comparison to the other CCGs in the Thames Valley.

Adrian Barker referred to paragraph 3.5 of the report, which detailed an indicator on increasing the number of people in contact with mental services who were in paid employment. He asked how robust the data was on this indicator. The Joint Strategic Needs Assessment suggested numbers in this area were small. Cathy Winfield reported that it was about recovery and the NHS contributing the economy.

Dr Lise Llewellyn was disappointed that an indicator around smoking cessation had not been chosen as smoking was a huge health risk. She agreed that Eat 4 Health provided good support however she did not feel that the scheme would make a huge difference. Dr Llewellyn felt that it was about training, for example training General Practitioners to talk about weight. Dr Bal Bahia reported that focusing on prevention had been given thought in the Newbury area for some time and as a result there would be a further diabetes programme.

25 Children and Young People Wellbeing Survey (Jim Davis from the Children's Society)

Jim Davis and Joanna Petty from the Children's Society introduced the item to Members of the Board. The aim of the item was to inform them of the finding of a survey, which had taken place in early 2015 into the happiness and wellbeing of children and young people in West Berkshire.

The Survey had been followed by face to face consultations with the children. Results had been compared to a national comparator survey.

In total 2000 children and young people had taken part in West Berkshire across nice schools. 169 children had then taken part in the face to face consultations. It was clear from the results that children and young people in West Berkshire had levels of wellbeing that were as good or in some domains higher than the national average. There was a drop in wellbeing during the transition period from primary to secondary school however, this was in line with the national trend.

There had been a fairly even gender split in those completing the survey at 51% girls to 49% boys. The Child Wellbeing Index had been used as a basis for the survey.

Children and young people with low wellbeing were fairly in line with the national average at 8%. Wellbeing declined from the ages of 11-12 years old up to 16-17 years old, which was in keeping with that seen nationally.

Children who were not feeling happy were usually experiencing something else and the three most common issues nationally were; having a disability; difficulties learning or experience of bullying.

Of those children surveyed only 5% were eligible for free school meals, which was lower that the national average.

There was little difference in the level of wellbeing between boys and girls. Nationally this usually differed however, in West Berkshire the levels were in similar proportion. At the adolescent stage, girls were noticeably more unhappy about their appearance, which was inline with the national trend.

19% at primary school level and 13% at secondary school level had believed they had a caring responsibility. There was however, uncertainty around whether this question had been misunderstood, for example, some may have considered babysitting a caring responsibility. There were however, children in some consultation groups, which had confirmed they cared for a sick or disabled relative.

On attitudes to health behaviour and sport, it was found that that the majority of children reported taking exercise or being involved in sport regularly, especially for primary age children. The vast majority of secondary age children thought that smoking and drug taking were unacceptable behaviours for people their age. More girls than boys aged 15-16 years old felt that it was ok to go out someone who was 18 years old plus.

Dr Lise Llewellyn asked if the results could be compared to similar areas rather than a national average. Jim Davis reported that the national dataset could not be broken down, so it would depend on which other areas they had visited.

Dr Llewellyn noted that there was there was a relatively small proportion of children from low income families, but that these children had lower levels of happiness. Jim Davis reported that the Children's Society also carried out work around school experience and poverty. Schools meals was a considered crude indicator of poverty.

Councillor Mollie Lock was disappointed that only nine schools had taken part and asked if these schools had been in rural or urban locations. Jim Davis confirmed that there had been a mix of locations. There was further work to take place around deprivation and transport. Councillor Lock asked if there had been an opportunity to visit schools for the more vulnerable or Pupil Referral Units (PRUs). Jim Davis stated that unfortunately the opportunity had not arisen.

It was requested that the full consultation report be circulated to the Health and Wellbeing Board.

RESOLVED that Jess Bailiss would circulated the full survey report.

26 Child and Adolescent Mental Health Service (Mac Heath/Sally Murray/Gabrielle Alford)

Sally Murray introduced the report, which aimed to provide an update in the improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHs) System. Sally Murray reported that she would brief the Board on the strategic policy both nationally and locally and then would hand over the Mac Heath to talk about Tier Two services in West Berkshire.

A range of national, regional and local reviews had been undertaken in the last 12 months that related to CAMHs. A very good summary of the policy context could be found in the Commons Select Committee Report, published on 28th October 2014, which acknowledged the ingrained problems with commissioning and the provision of CAMHs.

Sally Murray reported that tier three CAMHs involved medical intervention and in theory CAMHs Tier One and Tier Two services should prevent this. Schools taking a whole school approach were considered good practice and it was about offering support in the right place at the right time. The aim was to get help to children needing support quickly and to offer a seamless pathway.

In spring 2014 there had been a comprehensive review of CAMHs and a picture of CAMHs locally had been drawn up.

Regarding progress to date, the document ‘Future in Mind’ required areas to have a Transformation plan for 2015/16 to deliver a local offer in line with the national ambition. Additional funding could be applied for through this plan.

Work had begun around where the gaps were and areas of focus going forward included referrals, response rates and bringing the rates down.

Tier Four CAMHs included in house treatments. Historically there had been no Tier Four Service provision in West Berkshire. Since 2014 longer term plans had been agreed between Berkshire CCGs and NHS England to change the Berkshire Adolescent Unit based in Wokingham from a Tier Three (with some tier 4) into a Tier four provision. The unit was open seven days a week, 52 weeks of the year. The aspiration was to expand the unit from a seven bed facility into l a larger patient residential unit as well as catering for day patients.

At crises point a quick response helped to ensure better outcomes. It was also confirmed that the CCG had contributed an extra one million pounds into CAMHs.

Mac Heath reported that he would talk about Tier Two services in Andrea King’s absence. He stated that as commented earlier in the meeting sometimes there might be other professionals besides General Practitioners who could provide a service.

A lot of work was taking place around the range of services available. A multi –agency event had taken place in July to focus on what Tier Two services should be offering.

Work was now taking place to co-design an approach to filling gaps and overcoming challenges. A key strand of work was around ensuring different services were educated and confident. The design of prevention services to help further meet the need was also being reviewed.

Sally Murray concluded that a lot effort was going into ensuring focus was being placed on outcomes. The CAMHs outcomes framework ensured a sensible reporting mechanism was in place. The next step was to pull a data set together to help see what was working in the area.

Dr Lise Llewellyn felt that there was a lot to learn from neighbours regarding the use of social media. She also agreed with Mac Heath's comments about building confidence amongst services.

It was noted that some areas already had online surgeries. Sally Murray reported that there was a system called 'Sharon' for eating disorders available in Berkshire.

Dr Bal Bahia thanked Sally Murray and Mac Heath for their report and felt it was helpful to be aware of work taking place in the background.

27 Child Sexual Exploitation (Mac Heath)

Mac Heath introduced the report, which intended to outline the priorities in relation to child sexual exploitation locally and the needs of the young people involved. The report also highlighted the progress being made in addressing these concerns.

Mac Heath reported that work in this area was developing at a fast pace. Work took place across boundaries as well as within West Berkshire. Thames Valley Police had contributed information to ensure a good local picture of the situation was formed.

A screening tool had been agreed and a Child Sexual Exploitation (CSE) Strategy was being developed. The 'Toxic Trio' consisted of domestic violence, parental mental ill-health and parental substance misuse, all of which could often been linked to the problem. A number of groups and boards had contributed to this work.

Mac Heath chaired the CSE Strategy Group, which was a sub-group of the Local Safeguarding Children's Board (LSCB) and had oversight of activity in relation to CSE. The recent Ofsted Inspection of Children's Services in March 2015, had recognised that the CSE Strategy Group was well attended and was effectively monitoring partnership activity.

There was still profile work to take place around perpetrators. There was information available at Thames Valley level but not at a local level. An event had been held, which was chaired by the Chairman of the LSCB to consider some of the challenges and it had been acknowledged that issues were on partner radars and were developing.

Dr Bal Bahia felt that the issue was very topical and would be interested to know what the local profile was.

Regarding the screening tool, Mac Heath reported that it was being used across Berkshire. The main aim of the tool was to prompt responses. It helped gather information and also helped services in answering the question 'is this appropriate?'. A referral could be made at any stage of the process.

28 Members' Question(s)

29 Question submitted by Councillor Adrian Edwards

A full transcription of the public question and answer session is available from the following link: Transcriptions of Q&As

A question standing in the name of Councillor Adrian Edwards on the subject of what preventative activities are taking place in the district around obesity, smoking, alcohol and other major risks to health, was answered by the Vice Chairman of the Health and Wellbeing Board.

A supplementary question on the subject of how the Health and Wellbeing Board aimed to improve promotion around obesity was answered by the Vice Chairman of the Health and Wellbeing Board.

30 A Time to Deliver

Members of the Health and Wellbeing Board noted the report.

31 Future meeting dates

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 24th September 2015 (at Shaw House).

(The meeting commenced at 9.00 am and closed at 10.55 am)

CHAIRMAN …….

Date of Signature …….

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Health and Wellbeing Board Forward Plan 2015/16

Item	Purpose	Action required by the H&WB	Deadline date for reports	Lead Officer/s	Those consulted	Is the item Part I or Part II?
22nd October 2015 - half day Hot Focus session - FALLS PREVENTION						
Health and Wellbeing Hot Topic: Falls Prevention	**To introduce the hot topic to the Board followed by a briefing on activity planned for the next three months.**			**Lesley Wyman/April Peberdy**		
5th November 2015 - HEALTH AND WELLBEING ANNUAL EVENT						
26th November 2015						
Items for Discussion						
System Resilience						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	29th October	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I
Integration Programme						
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	29th October	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I
Health and Wellbeing Strategy / Joint Strategic Needs Assessment						
Feedback on the Health and Wellbeing Strategy Hot Focus: Looked After Children	To feedback on activity that has taken place over the last three months.	For information and discussion	29th October	Mac Heath	Health and Wellbeing Management Group	Part I
Joint Strategic Needs Assessment and the District Needs Assessment	To present a snapshot of the JSNA, which includes any changes the Board needs to be aware of.	For information and discussion	29th October	Lesley Wyman	Health and Wellbeing Management Group	Part I
Commissioning Plans						
Alignment of Commissioning Plans	To timetable/forward plan the alignment of commissioning plans	For Information and discussion	29th October	Tandra Forster/Shairoz Claridge/Lesley Wyman	Health and Wellbeing Management Group	Part I
Public Engagement						
Draft Strategy for community engagement	To present the draft strategy to the Board for comment.	For discussion and agreement	29th October	Adrian Barker	Health and Wellbeing Management Group	Part I
Update from Healthwatch West Berkshire	To inform the Board on Healthwatch West Berkshire's plans for the coming year.	For Information and discussion	29th October	Adrian Barker	Health and Wellbeing Management Group	Part I
Governance and Performance						
Development Plan and Governance for the Health and Wellbeing Board.	To keep an overview of the Board's progression	For Information and discussion	29th October	Nick Carter/Graham Jones	Health and Wellbeing Management Group	Part I
Delivery Plan Performance Report	To provide exception reports from each of the delivery groups.	For information and discussion	29th October	Lesley Wyman	Health and Wellbeing Management Group	Part I
Other Issues for discussion						
Local Account	To ensure the Health and Wellbeing Board is sighted on activity taking place across Adult Social Care and what the plans are for the coming	For Information and discussion	29th October	Tandra Forster	Health and Wellbeing Management Group	Part I
Emotional Health Tier 2 design proposals	To present the Tier 2 design proposals to the Board.	For information and discussion	29th October	Andrea King/Sally Murray	Health and Wellbeing Management Group	Part I
26th November 2015 - Health and Wellbeing Development Session						
28th January 2016						
Items for Discussion						
System Resilience						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	17th December	Tandra Forster/Shairoz Claridge/Jes	Health and Wellbeing Management Group	Part I
Integration Programme						
Better Care Fund Guidance for 2016	To inform the Board of the new Guidance for 2016.	For information and discussion	17th December	Cathy Winfield	Health and Wellbeing Management Group	Part I
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	17th December	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I
Commissioning Plans						
Alignment of Commissioning Plans	To timetable/forward plan the alignment of commissioning plans	For Information and discussion	17th December	Tandra Forster/Shairoz Claridge/Lesley Wyman	Health and Wellbeing Management Group	Part I
Governance and Performance						
Delivery Plan Performance Report	To provide exception reports from each of the delivery groups.	For information and discussion	17th December	Lesley Wyman	Health and Wellbeing Management Group	Part I
11th February - half day hot focus session - CAMHs						
Health and Wellbeing Hot Topic: Children and Adolescent Mental Health Service.	**To introduce the hot topic to the Board followed by a briefing on activity planned for the next three months.**			**Mac Heath**		
31st March 2016						
Items for Discussion						
System Resilience						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	25th February	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I
Integration Programme						
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	25th February	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I

Health and Wellbeing Board Forward Plan 2015/16

Item	Purpose	Action required by the H&WB	Deadline date for reports	Lead Officer/s	Those consulted	Is the item Part I or Part II?
Health and Wellbeing Strategy / Joint Strategic Needs Assessment						
Feedback on the Health and Wellbeing Strategy Hot Focus: Falls Prevention	To feedback on activity that has taken place over the last three months.	For information and discussion	25th February	Lesley Wyman/TBC	Health and Wellbeing Management Group	Part I
Commissioning Plans						
Alignment of Commissioning Plans	To timetable/forward plan the alignment of commissioning plans .	For Information and discussion	25th February	Tandra Forster/Shairoz Claridge/Lesley Wyman	Health and Wellbeing Management Group	Part I
Governance and Performance						
Delivery Plan Performance Report	To provide exception reports from each of the delivery groups.	For information and discussion	25th February	Lesley Wyman	Health and Wellbeing Management Group	Part I
26th May 2016						
Items for Discussion						
System Resilience						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	28th April	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I
Integration Programme						
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	28th April	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I
Commissioning Plans						
Alignment of Commissioning Plans	To timetable/forward plan the alignment of commissioning plans .	For Information and discussion	28th April	Tandra Forster/Shairoz Claridge/Lesley Wyman	Health and Wellbeing Management Group	Part I
Governance and Performance						
Delivery Plan Performance Report	To provide exception reports from each of the delivery groups.	For information and discussion	28th April	Lesley Wyman	Health and Wellbeing Management Group	Part I

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
63	30-Jul-15	The full report from the West Berkshire Children and Young People Wellbeing Survey, to be circulated to Board Members.	Jessica Bailiss	WBC	Children and Young People Wellbeing Survey	This has now been circulated to Board Members.

Actions carried over from previous meeting

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
53	26-Mar-15	Comparator Data to be provided regarding the Joint Self Assessment for Learning Disabilities	Tandra Forster	WBC	Joint Self Assessment for Learning Disabilities	There is currently no service manager in place for learning disabilities. This information will be provided as soon as the post is recruited to.
54		Learning Disability Action Plan to be circulated to Board Members along with a more comprehensive version of the Self Assessment document.	Tandra Forster	WBC	Joint Self Assessment for Learning Disabilities	There is currently no service manager in place for learning disabilities. This information will be provided as soon as the post is recruited to.

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System Resilience
Health and Social Care Dashboard

	Arrow key
↑	Latest data is positive compared to the last quarter
↓	Latest data is negative compared to the last quarter
↔	Latest data is the same as the last quarter

Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2015/16 Target	Positive or negative trend	Latest data	Narrative
ASC1	Proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service	West Berkshire Council Adult Social Care	Quarterly		92%	↔	**93% Q1**	Measure should be positively impacted by the BCF Joint Care Provider Project.
ASC2	Number of assessments completed in last 12 months leading to a provision of a Long term service (excludes Carers)	West Berkshire Council Adult Social Care	Quarterly		Target data not yet available	↑	**380 Q1**	(Data is provisional). This measure is under close scrutiny. The 'New way of working' within Adult Social Care will be implemented from May 2016.
ASC3	Proportion of clients with Long Term Service receiving a review in the past 12 months	West Berkshire Council Adult Social Care	Quarterly		Target data not yet available	↔	**62% Q1**	Increase above 62% anticipated over 7 months to 31.3.15 for Care Act compliance.

Children's Social Care

Ref.	Indicator	Basis	Frequency	Normal Range	2015/16 Target	Positive or negative trend	Latest data	Narrative
CSC1	The number of looked after children per 10,000 population	West Berkshire Children's Services	Quarterly	Between 38 and 46 per 10,000		↑	**46 Q1**	The number of LAC has decreased slightly in the past couple of months
CSC2	The number of child protection plans per 10,000 population	West Berkshire Children's Services	Quarterly	Between 28 and 34 per 10,000		↔	**36 Q1**	The number of young people subject to a CP Plan remains fairly stable
CSC3	The number of Section 47 enquiries per 10,000 population	West Berkshire Children's Services	Quarterly	Between 80 and 100 per 10,000		On this occasion we cannot compare to the last quarter as the indicator is being calculated differently from this point onwards.	**156 Q1**	This is a high rate of Section 47s, though the increase may in part be due to improved recording. Managers are now ensuring that a Section 47 is recorded on the file for each sibling within the family. We remain above comparator and national averages.
CSC4	To maintain a high percentage of (single) assessments being completed within 45 working days	West Berkshire Children's Services	Quarterly		70%	↓	**71% Q1**	This is a slight improvement on performance last year, though still slightly below national averages.
CSC5	Looked after children cases which were reviewed within required timescales	West Berkshire Children's Services	Quarterly		99%	↑	**100% Q1**	All reviews for LAC have been carried out on time (year to date)
CSC6	Child Protection cases which were reviewed within required timescales	West Berkshire Children's Services	Quarterly		99%	↔	**100% Q1**	All reviews for children subject to a CP Plan have been carried out on time (year to date)

Acute Sector

Ref.	Indicator	Basis	Frequency	Baseline data	2015/16 Target	Positive or negative trend	Latest data	Narrative
AS1	**4-hour A&E target - total time spent in the A&E Department** (% is less than 4 hours) [standard is 95% of patients seen within 4 hours]	Royal Berks NHS Foundation Trust	Monthly		95%	↑	**96% Q1**	Throughout Q1, 95.9% of patients spent 4 hours or less in Accident and Emergency at RBFT and the target for this indicator is 95%. The Urgent Care Programme Board continues with a robust approach to ensure performance is as high as possible and all partners are working together to ensure the target is maintained throughout quarter 2.
		Hampshire Hospitals NHS Foundation Trust				↓	**92% Q1**	The lead commissioners for these contracts are working with providers to improve the position through their system resilience programmes.
		Great Western Hospitals NHS Foundation Trust				↑	**95.4% Q1**	The lead commissioners for these contracts are working with providers to improve the position through their system resilience programmes.
AS2	Average number of Delayed Transfers of Care (all delays) per 100,000 population (18+)	Berkshire Healthcare NHS Foundation Trust	Monthly			↑	**1.1 June**	
		Great Western Hospitals NHS Foundation Trust				↓	**3.3 June**	
		Hampshire Hospitals NHS Foundation Trust				↑	**1.7 June**	
		Oxford University Hospitals NHS Trust				↑	**0.3 June**	
		Royal Berks NHS Foundation Trust				↑	**3.6 June**	
		Total West Berkshire		14.7 (2012/2013 data)		↓	**10.0 June**	The increase is due to one of our contract homes (Birchwood) temporarily closed to new admissions and exceptionally high admissions to all local Acute and Community hospitals. There was also a high demand for care at this time for admission avoidance cases which in turn reduced the availability from care agencies, to provide packages of care to support Hospital discharge.
AS3	Average number of Delayed Transfers of Care which area attributable to social care per 100,000 population (18+)	Berkshire Healthcare NHS Foundation Trust	Monthly			↔	**1.1 June**	
		Great Western Hospitals NHS Foundation Trust				↓	**1.1 June**	
		Hampshire Hospitals NHS Foundation Trust				↑	**1.4 June**	
		Oxford University Hospitals NHS Trust				↑	**0.0 June**	
		Royal Berks NHS Foundation Trust				↓	**1.4 June**	
		Total West Berkshire			4	↓	**5.0 June**	As at AS2: The increase is due to one of our contract homes (Birchwood) temporarily closed to new admissions and exceptionally high admissions to all local Acute and Community hospitals. There was also a high demand for care at this time for admission avoidance cases which in turn reduced the availability from care agencies, to provide packages of care to support Hospital discharge.

Acute Sector (continued)								
Ref.	**Indicator**	**Basis**	**Frequency**	**Baseline data**	**2015/16 Target**	**Positive or negative trend**	**Latest data**	**Narrative**
AS4	**Community Services** Average number of Delayed Transfers of Care (all delays by patients delayed)	Berkshire Healthcare Trust as a provider	Monthly		No Target	↑	**10.3 Q1**	The urgent care operational team and locally with the local authority are working to improve the systems flow and therefore resillience, including the introduction of the intergrated discharge team at Royal Berkshire Hospital and care coordinators in the community wards at West Berkshire Community Hospital to focus on admissions and discharge arrangements.
AS5	**Ambulance Clinical Quality - Category A 8 Minute Response Time - Red 2** [Category A Red 2 incidents: presenting conditions that maybe life threatening but less time critical than Red1 and receive an emergency responses irrespective of location in 75% of cases]	Berkshire West	Monthly		75%	↓	**74% Q1**	The ambulance service contract requires the national performance standards for ambulance response times to be achieved on a Thames Valley basis annually. The 2015/16 contract also includes performance standards for each of the CCGs to improve the variation from CCG to CCG. The national standard for the Red 2 8 minute response time is 75% and the CCG standards vary depending on performance levels in 2014/15. During Q1 the Thames Valley wide 75% standards were not achieved for Red 2 calls responded to within 8 minutes. The contract requires the standards to be achieved on an annual basis and therefore the contract standard can still be achieved. The CCGs have provided additional investment to SCAS in the 2015/16 contract to support increases in recruitment and retention of staff and therefore performance is expected to improve during 2015/16 as staff are recruited.The CCG has also received a recovery plan from SCAS to improve performance which is currently being reviewed.
AS6	A&E Attendances	Royal Berkshire Foundation Trust for Berkshire West	Monthly	1256 average monthly figure from 13/14		↓	**1,207 June**	(Total Q1 Figures: RBH: 3,597 / HHFT:1,217 / GWH:559) Q1 A&E attendances were in line with expected activity. The system focused on planning for the Easter period and ensuring alternatives to Emergency Department were available so that patients did not default to A&E. Resilience initiatives were funded for an additional month during April.
		Hampshire Hospital Foundation Trust for Berkshire West	Monthly	300 average monthly figure from 13/14		↓	**427 June**	
		Great Western Hospital for Berkshire West	Monthly	168 average monthly figure from 13/14		↓	**171 June**	
AS7	Number of non elective admissions	Royal Berkshire Foundation Trust for West Berkshire	Monthly	547 average monthly figure from 13/14		↑	**611 June**	(Total Q1 Figures: RBH: 1,727 / HHFT: 483 / GWH:293) Q1 non elective admissions were also in line with expected levels. Resilience initiatives were funded through April rather than being ceased on 31st March to ensure that any peaks in activity linked to the Easter period could be managed.
		Hampshire Hospital Foundation Trust for West Berkshire		157 average monthly figure from 13/14		↑	**152 June**	
		Great Western Hospital for West Berkshire		84 average monthly figure from 13/14		↓	**87 June**	
AS8	Total number of 111 calls (Answered in 60 seconds)	Berkshire wide	Monthly		No Target	↓	**50,000 Q1**	South Central Ambulance Service are consistently meeting the target to answer 95% of calls to NHS 111 within 60 seconds.

Primary Care								
Ref.	**Indicator**	**Basis**	**Frequency**	**2014/15 Benchmark**	**2015/16 Target**	**Positive or negative trend (see key)**	**Latest data**	**Comments**
PC1(a)	GP referrals to secondary Care	Newbury & District CCG	Quarterly		N/A	N/A	**1059 April**	N/A
PC1(b)	GP referrals to secondary Care	North & West Reading CCG	Quarterly		N/A	N/A	**1070 April**	N/A
PC2	Friends and Family Test	TBC	TBC		TBC			N/A
PC3	Access metric to be defined	TBC	TBC		TBC			N/A

Community Services								
Ref.	**Indicator**	**Basis**	**Frequency**	**2014/15 Benchmark**	**2015/16 Target**	**Positive or negative trend (see key)**	**Latest data**	**Comments**
CS1	Mental Health - Crisis response % of responses with 4 hours	Berkshire West	Quarterly		90%	No previous Qr data for comparison	**100%**	Q1 data has shown a consistently high achievement of this indicator.

Appendices

Appendix 1 - Indicator/Target Narrative

Appendix 1

Adult Social Care		
Ref.	**Target/Data Narrative**	**Further explanation on indicator**
ASC1	Figures represent a small cohort that may fluctuate quarter to quarter due to unexpected deaths, health alerts or severe weather i.e. extremely cold winter - events which are outside of our control. Data is based on 3 monthly reporting of hospital discharges to rehabilitation/enablement and outcome at 91 days after discharge.	Adult Social Care Framework 2B Part 1 The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. This measures the effectiveness of reablement services.
ASC2	An increase in the figure indicates increased demand on services. The use of data from the previous year is not appropriate for setting a baseline due to the new statutory reporting framework (SALT). The reports to extract relevant data aligned to statutory reporting are still to be completed. Therefore there is no national data or comparator group data or England average to measure against at this point.	Service Plan Performance Indicator This measure provides an overview of activity in Adult Social Care for the provision of long term services
ASC3	Definition: Those clients that have had long term support for more than 12 months that have been reviewed in the last 12 months. In previous years, the denominator included clients with electrical equipment services, respite and short term services but excluded professional support. The denominator is now based on Long Term Service clients in the year so now includes Community Mental Health Team, professional support but excludes all short term services and low level support. The use of data from the previous year is not appropriate for setting a baseline due to the new statutory reporting framework (SALT). The reports to extract relevant data aligned to statutory reporting are still to be completed. Therefore there is no national data or comparator group data or England average to measure against at this point.	Service Plan Performance Indicator

Children's Social Care		
Ref.	**Target/Data Narrative**	**Further explanation on indicator**
CSC1	Target numbers for CSC 1, 2 and 3 have been set by Children's Services and are set on the basis of the level that the service aspire to get the figures back to. Target numbers are what are considered as more manageable for the service. Trend data is based on the last quarter.	Looked after child: These are children who are looked after by the authority
CSC2		Child Protection Plan: A detailed inter-agency plan setting out what must be done to protect a child from further harm, to promote the child's health and development and if it is in the best interests of the child, to support the family to promote the child's welfare.
CSC3		Section 47 Enquiry: Where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, the local authority is required under s47 of the Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.
CSC4	Target Numbers for CSC 4, 5 and 6 come from those set in Children's Services' Service Plan. Trend data is based on the last quarter.	Single Assessments: The single assessment is a new assessment document. It is gradually replacing the initial and core assessments by combining both within one document.
CSC5		
CSC6		

(Appendix 1 continued)

Acute Sector		
Ref.	**Target/Data Narrative**	**Further explanation on indicator**
AS1	Data is based on provider as a whole	
AS2	Data is based on Provider figures for West Berkshire residents only. (Data has been backdated to ensure reporting methodoligy matches that used for AS3)	(Adult Social Care Framework 2C Part 1)
AS3	Data is based on Provider figures for West Berkshire residents only. Data for AS2 and 3 is sourced from NHS England and is a monthly snapshot of delays taken on the last Thursday of the month at midnight. The Total West Berkshire figure is reported on nationally. The calculation for each trust/hospital is: (YTD Average of Delays per month/ population)*100000. So for April, the figure for the YTD Average part will include April only, but for May it would include the average of April and May and so on for each month until the end of the financial year. The result of the above calculation for each hospital is then totalled up to give the West Berks Part 2 figure	(Adult Social Care Framework 2C Part 2) This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. This is a two-part measure that reflects both the overall number of delayed transfers of care per 100,000 population aged 18 and over (part 1 - AS2) and, as a subset, the number of these delays which are attributable to social care services and to both (health and social services) (part 2 - AS3).
AS4		
AS5	Data is based on Berkshire West as a whole.	Category A Red 1 incidents: Presenting conditions that may be immediately life threatening and the most time critical and should receive an emergency response irrespective of location in 75% of cases. Category A Red 2 incidents: Presenting conditions that may be life threatening but less time critical than Red1 and receive an emergency response irrespective of location in 75% of cases.
AS6	Date is based on Provider figures for Berkshire West.	An elective admission is one that has been arranged in advance. It is a non emergency admission, a maternity admission or a transfer from a hospital bed in another healthcare provider.
AS7	Data is based on Provider figures for West Berkshire.	An elective admission is one that has been arranged in advance. It is a non emergency admission, a maternity admission or a transfer from a hospital bed in another healthcare provider.
AS8	Data is based on Berkshire as a whole	NHS 111 is a new service that was introduced to make it easier for people to access local NHS Services in England. 111 can be called when medical help is required quickly however, it's not a 999 emergency.

Primary Care		
Ref.	**Target/Data Narrative**	**Further explanation on indicator**
PC1(a)	No target can be provided because an increase or decrease in appropriate referrals is neither good or bad. (data provided will sometimes be an estimate and will be marked with an (e) accordingly if so)	Secondary (or 'acute') care is the healthcare that people receive in hospital. It may be unplanned emergency care or surgery, or planned specialist medical care or surgery.
PC1(b)	No target can be provided because an increase or decrease in appropriate referral is neither good or bad. (data provided will sometimes be an estimate and will be marked with an (e) accordingly if so)	
PC2		
PC3		

Community Services		
Ref.	**Target/Data Narrative**	**Further explanation on indicator**
CS1		
CS4		

Title of Report:	**Better Care Fund – Progress Report**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	24th September 2015

Purpose of Report: **To update the Health and Wellbeing Board about progress on the Better Care Fund schemes and to seek approval of the first quartely data return.**

Recommended Action: **For information and approval.**

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.

Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☒
• Is it a major policy, significantly affecting how functions are delivered?	☐	☒
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	☒
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☐	☒
• Does the policy relate to an area with known inequalities?	☐	☒

Outcome Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Councillor Graham Jones (01235) 762744
E-mail Address:	Gjones@westberks.gov.uk

Contact Officer Details	
Name:	Tandra Forster
Job Title:	Head of Adult Social Care
Tel. No.:	01635 519736
E-mail Address:	tforster@westberks.gov.uk

Executive Report

1. Programme Status

1.1 Work is underway on all of the schemes in the West Berkshire BCF programme. The two locality projects are currently rated as amber, remedial actions have been agreed to ensure projects are on track.

2. BCF Quarterly Data Collection

2.1 The Department of Health (DoH) has introduced a quarterly template to enable the Health and Wellbeing Boards to track performance on the delivery of the Better Care Fund Programme of work. The first quarter report has been submitted Delegated authority to the Corporate Director, Communities Directorate to be confirmed by the Board.

2.2 As part of the assurance process the return requires Health and Wellbeing Board approval. This would normally be completed prior to submission to the DoH however timeframes this time did not allow this.

2.3 Going forward the Board will have to approve further quarterly returns and arrangements will be put in place that ensure this is achieved before it is submitted.

3. BCF Projects progress

(1) Hospital At Home

The business case has now been reframed to shift the focus to early supported discharge and admission avoidance. Further work has been completed on the costs/benefits assessment and, this is to be reviewed by the Hospital at Home Project Group. The focus is on health provider provision but any impact for social care services will be kept under close review. Since the 'soft launch' on June 22nd only one patient has proved suitable for the scheme which raises further questions about the project target group.

(2) Integrated Health and Social Care Hub

The Health Hub is already successfully operating as a conduit for referrals from Health to Local authorities. The scope of the project has been to develop a single triage point for all referrals to Health and the Local Authorities. This development would contradict the new approach to Adult Social Care that the Council is adopting where the emphasis is on a detailed engagement with clients at the first point of contact in order to link individuals with universal services, and where necessary funded services as quickly as possible to minimise dependency on Council funded services. The position that the Council is taking is that the current function of the Hub is helpful, however, the Council would not transfer it's resources to the proposed Health and Social Care Hub to support a Triage function being carried out on behalf of West Berkshire Council. The project is expected to proceed on the basis that it will provide the Triage function as planned for Wokingham Council. As the project develops it is expected to consider the range of emergency and out of hours responses that are needed by all providers and west Berkshire Council will be interested in the potential benefits of the Hub in delivery of those services.

(3) **Enhanced Care and Nursing homes support**

Scheme is focussed on preventing admissions to hospital. It is investing in a Pharmacist and Speech and Language Therapist to support the delivery of care in care homes. New NICE guidance may result in a shift in focus to include more engagement with local authorities to reflect our new responsibilities under the Care Act.

(4) **Joint Care Provider Project** (incorporating 7 day working and direct commissioning by specified health staff)

The project will simplify access to and reduce duplication in the delivery of care by BHFT Intermediate Care, and the Council's Maximising Independence and Reablement care Services. The Innovation phase of the project, testing the new 'Pathway' for all individuals being discharged from the Royal Berkshire Hospital commenced on June 1st. This will be followed by a Consolidation Phase responding to community referrals as well as discharges from Swindon, Basingstoke and West Berkshire Community Hospitals extending the service from September 2015. Under the project some initial testing of the value of providing a limited Care Management service in the 3 acute hospitals on Saturdays and Sundays is meeting some success, but needs further evaluation.

(5) **Personal Recovery Guide**

The scheme will provide a Guide to vulnerable residents who are using the complex network of health and social care services. Contracts have been signed with British Red Cross, AgeUK and the Volunteer Centre West Berkshire (VCWB) to provide this joint service in a pilot phase which commenced on 1st July 2015; the British Red Cross has made progress on recruitment and has started to provide a limited service. Proving the value of this service is planned to lead to an ongoing contract through competitive tender from April 2016.

4. Equalities

4.1 Projects contained within the Better Care Fund programme are focused service improvement and should result in a better service for all.

5. Recommendations

5.1 That the quarterly data collection return be approved, as set out in paragraph 2.2 of this report.

Appendices

Appendix A – Highlight Reports: **Included within separate information only pack**
Appendix B – Integration Portfolio Status Report and Risk Register
Appendix C – BCF Quarterly Data Collection 14/15: **Included within separate information only pack**

Consultees

Officers Consulted: Toby Ellis, Paul Coe, Steve Duffin, Shairoz Claridge, Patrick Leavey

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BW10 Integration Programme Report

Reporting Period – July 2015

Chair: Gabrielle Alford
Head of PMO: Tony Riley

Programme RAG Status and Headlines

A

- NHSE BCF Q1 return - drafts to be discussed at Partnership Board in advance of 25 August submission date.
- Revised BW10 Integration governance and board structure to be presented at Partnership Board prior to planned implementation.
- FEP project underway - Baseline data and stakeholder engagement activities are commencing
- Locality S75 agreements signed by CCGs and returned to LA for corresponding respective signature
- 2015/16 Q1 BCF Metrics dashboard complete and circulated to PB
- Spend to July: £8.2m against budget of £9.76m (84% of budget spent)
- Transition of Programme Management Office functions to 'business as usual' (via CSU) on schedule. Transition scheduled for 01 October 15.

Key progress for last period

Localities

- **Wokingham.** Community Navigator project – Community Navigator Co-ordinator advert attracted 12 applicants. Interviews held w/c 3rd Aug. Contract agreed between WBC and BHFT to recruit joint post WISH head of service.
- **Reading BC** – Community and bed based ICT operating 7 days per week. Continued high throughput at Willows DTA and CRT from acute. Cluster pilots continuing via Reading Voluntary Action and Age UK. GP extended hours sites confirmed.
- **West Berks BC** – Personal Recovery Guide/Key Worker Project: The scheme launched on 1 July and British Red Cross are staffing a desk within the RBH Discharge Lounge during Mon-Fri. Community Nurses Directly Commissioning Care / Reablement Services: Training for senior carers to operate as Trusted Assessors at planning stage.

Berkshire wide Programme and Enablers

- **Workforce** - The final development stage of design and sign off of the new GSW Job Description is near completion pending the final report from Skills for Health.
- **Programme** – PID Stocktake: 11 complete, 5 pending final financial reconciliations, remaining 3 PIDs due in September.
- **Integrated carers commissioning** – Carers Needs Assessment modules completed for all Berks West Localities.
- **Hospital at Home** –Initial referrals made (soft launch), links made with high admitting residential/nursing homes to target activity.
- **Connected Care** - Financial planning re-draft based on a West/East joint implementation. Funding sources and options have been identified. Phase 2 development, test and production technical environment builds complete. Data/info sharing agreements required for the pilot have been signed.

Planned activities for next period

- **Wokingham BC** - Sign/seal S75, sign off PIDs for local schemes, recruit to local project support posts
- **Reading BC** - Workshop taking place late August to review progress of Reading BCF to date, lessons learnt and forward plan (Inc. review of all project milestones)
- **West Berks BC** – Personal Recovery Guide / Key worker: Referrals to commence 1 Aug - preparation for full service launch early September

- **Workforce** – Recruit project delivery manager. GSW role and pilot site sign off.
- **Integrated Carers Commissioning** - Information Advice & Guidance contract spec and procurement route finalised.
- **Hospital at Home** – Options appraisal paper, re service development, to QIPP 25 August.
- **Market management** – project group to be convened September to review and/or renew project objectives.
- **Connected Care** – Phase 3 Business Case to Connected Care and Partnership Board for review/sig off. Finalise partnership agreement that will act as commercial vehicle to enable BHFT to act as vendor contract host.
- **Programme** – Facilitate transition to CSU and implementation of new governance structure
- **Whole Systems and OD** – Implement revised governance and board structure.
- **FEP** – Clinicians Workshop planned early October; continued data exploration.
- **Enhanced Service to Care Homes** – Highlight repots from Long Term Conditions Board due from Sep 15.

Key Risks	Mitigating Actions
Finance (Risk 19): BCF schemes started 2015/16 are not funded in subsequent years threatening continuation of integration programme.	Identify possible additional sources of funding for continuation of schemes. Undertake preparatory work pending NHSE guidance on BCF for 16/17.
Hospital at Home (Risk 22): Insufficient referrals to H@H undermines business case assumptions on number of patients admitted from AMU or on LoS on inpatient wards	Programme Manager to review referrals with clinicians on an ongoing basis . Options appraisal , re service development, to QIPP 25 August
Possibility that the CCG fails to deliver on its overall QIPP programme on which the BCF funding is dependent.	Planning for QIPP schemes outside of the BCF which underpin the achievement of the performance around NELs for 2015/16 is already underway.

BW10 Integration Programme Report

Reporting Period – July 2015

RAG Assessment	Progress vs. previous	↑ ↔ ↓	Update on Progress - Overarching Programme
G	↔		***Frail Elderly Pathway***
			• The Project is transitioning from the initiation phase into delivery. The governance arrangements are in place and project resources are coming on stream. Links to the wider BW10 Transformation Programme are in place. • Baseline data and stakeholder engagement activities are commencing. *Source – Highlight Report (Aug 15)*

BW10 Integration Programme Report

Reporting Period – July 2015

RAG Assessment	Progress vs. previous ↑ ↔ ↓	Update on Progress - Locality Programmes
A	↔	***Reading BC*** **Scheme 1 - Discharge to Assess (DTA):** 62 people admitted to The Willows DTA units since 1/04/15 – Inc. 56 via acute/4 as rapid response 'step up'. GP and CPN cover to be implemented to further enhance service. Continued high numbers through CRT, including an average of 3 rapids per week avoiding hospital admission. **Scheme 2 - Whole System Whole Week 1) Neighbourhood Clusters:** Reading Voluntary Action and Age UK Berkshire pilots operational. Health model reviewed and to restart September 2015. RIB to oversee merge of H&S models. **Scheme 3 - Whole System Whole Week 2) 7 day access:** Community and bed based intermediate care now operating 7 days a week. Linkages now made to the Acute Frailty Network at RBH, to explore issues and opportunities. Social workers responding to demand for cover on Saturdays to facilitate hospital discharge. **Scheme 4 - Whole System Whole Week 3) GP Access 7/7:** Pilot agreed to open two surgeries in the North cluster for extended hours Monday to Friday and on Saturday mornings. New times shaped by patient/client feedback. Resourcing to be agreed but target commencement autumn 2015.
A	↔	***West Berkshire BC*** **Joint Care Provider (Inc. 7 day services and direct commissioning):** The Innovation Phase of the project commenced with a full staff briefing on 1 June and become operational on the following day. A formal one month review was undertaken on 29 June at which the pathway was re-examined on a step by step basis and necessary adjustments made. A further formal review has been undertaken at the end of July. **Joint Care Provider:** Pathway redesign process documentation distributed to staff **7 Day Services**: WBC Project Group have reviewed current 7 day working practices prior to building on to revised Innovation Phase pathway **Community Nurses Directly Commissioning Care/Reablement Services:** Training for senior carers to operate as Trusted Assessors at planning stage **Personal Recovery Guide/Key Worker Project:** The scheme launched on 1 July and British Red Cross are actively staffing a desk within the RBH Discharge Lounge during Mon-Fri office hours. The providers are recruiting staff to posts, seeking to identify suitable users and promoting the service to RBH departments. All documentation – process guides, protocols, recording templates, care plans, feedback forms – are being prepared for sign-off.
A Subject to WISP confirmation	↔	***Wokingham BC*** **Scheme 1- Health and Social Care Hub:** PID and Project plan drafted, project group emerging, BHFT operational manager identified. Project manager appointed and scoping workshop arranged. Technical options paper circulated. **Scheme 2 - Integrated short term health & social care team**: WISP workshop agreed outline vision for team. WISH Paper approved by HWBB in July. WBC and BHFT agreed contract to employ joint head of service post. **Scheme 3 - Step up Step Down:** HLT manager in the WISH appointed SUSD service lead. Pilot service commenced 6/7/15, positive user outcomes. Project impact recording being undertaken measuring savings/cost impact and customer experience. Voids being held in order to expand the service post trial period. **Scheme 4 - Domiciliary Care Plus:** Stakeholder meeting held to look at delays to project delivery and suggest remedial action. Optalis have produced service proposal, general principles are fine but further discussion of detail of proposal is required. **Scheme 8 - Self-Care and Primary Prevention & Neighbourhood Cluster Teams:** Neighbourhood Cluster Teams - Workshop considered outstanding governance and organisational issues. Raised a number of associated risks and concerns for more consideration, along with agreement about which services could be clustered and when. MoU to be signed by all key stakeholders. Community Navigator project – Community Navigator Co-ordinator advert attracted 12 applicants. Interviews held w/c 3rd Aug.

BW10 Integration Programme Report

Reporting Period – July 2015

RAG Assessment	Progress vs. previous (↑ ↔ ↓)	Update on Progress - Berkshire West Programmes
A	↔	***Connected Care*** **Commercial:** Project budget has been identified for FY15-16, CCG funding via the BCF. Breakdown of budget has been provided to the finance lead. Outline Business Case is complete pending updated financial case. Distribution planned 18th August. Specialist procurement services have been brought in to bolster the CSU procurement team's efforts to prepare the business facing documentation and complete all pre-procurement activities. BHFT has been nominated as the vendor contract host partner organisation. **Deployment/Infrastructure:** Development, test and production technical environment builds are complete. Orion portal build has commenced. **IG:** Steering group established and chair appointed. 70% of partners have agreed IG principles and ToR. HSCIC expressed support and commended work undertaken thus far. Group will join HSCIC IG Alliance **Benefits**: Joint East/West communications plan is complete and will be submitted for board approval this month.
A	↔	***Hospital at Home*** **Project Status:** Amber due to slow progress in identifying suitable patients. Options appraisal being prepared for QIPP meeting will include: • Improvement to current operations: including Integration of community pathway referrals to avoid competition between pathways; In-reach presence from experienced community nurse; improved working with GP referral unit to return patients more quickly • Extension of scope : including step up options to avoid admissions; rapid response for care homes; joint development of Respiratory and Renal ESD • Decommissioning/service reconfiguration, taking into account reputational impact • Options paper to be delivered to QIPP meeting on 25 August 2015
A	↔	***Enhanced Services for Care Homes (QIPP Scheme)*** PMO Analysis has established that all work for the BCF original objectives are covered by the Anticipatory Care QiPP scheme and will be reported/monitored via the Long Term Care Programme Board with update/exception reports back to PB. Areas such as NiCE guidance and equability indicators such as falls prevention should be covered by business as usual through Integrated Joint commissioning arrangements.

BW10 Integration Programme Report

Reporting Period – July 2015

RAG Assessment	Progress vs. previous	↑ ↔ ↓	Update on Progress - Enabling Programmes
G	↔		***Integrated Workforce Development***
			Work programme: BW10 Workforce Project Initiation Document (PID) complete. Primary focus on the design and delivery of new Job Descriptions which will integrate Health Care Support Workers and Social Care Support Workers. **Embedding Working Arrangements:** After considering dependencies and value for money, agreed to appoint a project delivery manager engaged for an initial 12 weeks (at 3 day per week) and look to make cost savings by securing a workforce administrator for 2 days per week. **Generic Support Worker (GSW):** A Pilot roll out of new GSW role supported by identified local Community Nursing and Social Care service lead will span across Reading Intermediate Care Teams, Wokingham Domiciliary care Teams, West Berkshire The final development stage of design and sign off of the new GSW Job Description is near completion pending the final report from Skills for Health. Expected final summary and full report to be completed and received no later than Thursday 20th August 2015.
G	↔		***Market Management***
			Project progress slow through July/August due to vacant Project Manager post. PM role to now be delivered via PMO and project group being reconvened September to review and/or renew project objectives. Current work streams (subject to review at project group): • **Market Management Information System** - Reviewing options to improve Market and Management Information across Berkshire West partners to deliver better market, fee and vacancy management. Including possible procurement of MI system • **Market/Provider Failure protocols** – Collectively meet Care Act requirements and consider how partners work together to anticipate and mitigate provider/market failure • **Fair Pricing for Residential/Nursing Care** - Understand and manage the actual cost of residential and nursing care within Berkshire
G	↔		***Integrated Carers Commissioning***
			Carers information Advice and Support Contract: Online providers survey completed to indicate likely interest under different commissioning approaches. **Carers Needs Assessment:** Completed modules for West Berkshire, Reading and Wokingham presented to Forum meeting 13.07.2015 **Carers breaks provision and support:** Continuity of local respite / contingency planning provision secured via take over by another branch. Reading draft VCS Wellbeing Bidding Framework launched 06.07.2015.

BW10 Integration Programme Report

Reporting Period – July 2015

RAG Assessment	Progress vs. previous (↑ ↔ ↓)	Update on Progress - Enabling Programmes
G	↔	***Wholescale System Organisational Development*** Revised BW10 Integration governance and board structure proposed with planned implementation from September 2015. Key highlights: • New **Integration Board** to replace Chief Officers Group and Partnership Board • Expanded remit to cover all 3 integration themes and will convene every 2 months • Chair/Vice Chair elected on 1 year terms from different sectors (i.e. Chair from LA, Vice from CCG/Health body) • To strengthen the **Delivery Group,** which will meet monthly, the Chair will be drawn from the other sector to that of the Chair of the Integration Board. Membership to include, amongst others, the Chairs of the various sub groups. • A **Management Board** will be created, comprising chairs from Integration, Delivery and Locality boards, to ensure effective forward planning, coordination and decision making • HWBB Chairs to be invited to Integration Board (once fully established)
A	↔	***Health and Social Care Hub*** • Build on comments and guidance from WISP, and the BW10 Delivery Group and Partnership Board following presentation of the Exception Report 21.05.15 • Draft ToR, PID/Business Case and .mpp Project Plan handed over to Wokingham Hub SRO • Business Case to be further developed when non-pay related project costs are identified and information on staffing/pay and call volumes is available from WBC • P/T Project Manager to be appointed • BHFT Operational Project Manager identified • Scoping workshop arranged
A	↔	***Integration Programme, Delivery Group & Finance Sub Group*** • PID Stocktake: 11 complete, 5 pending final financial reconciliations, final 3 due in September • Spend to July: £8.2m against budget of £9.76m (84% of budget spent) • Transition of the Programme Management Office (PMO) functions to business as usual via the CSU on schedule. Transition scheduled for 01 October 15 • Q1 Metrics dashboard complete – includes NEL benchmarking • BCF Atlas published on NHSE BCF website allowing benchmarking of BCF KPI against comparators authority areas

Title of Report:	**A new way of delivering adult social care**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	24th September 2015

Purpose of Report: **To advise Health and Wellbeing Board about the Adult Social Care change programme - A new way of delivering Adult Social Care**

Recommended Action: **For information**

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.

Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☒
• Is it a major policy, significantly affecting how functions are delivered?	☐	☒
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	☒
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☐	☒
• Does the policy relate to an area with known inequalities?	☐	☒
Outcome Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Graham Jones – Tel 07767 690228
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details	
Name:	Tandra Forster
Job Title:	Head of Adult Social Care
Tel. No.:	01635 519736
E-mail Address:	tforster@westberks.gov.uk

Executive Report

1. Change programme - context

1.1 In July 2014 a 'Workforce' Project was established as part of the Care Act 2014 Change Programme to review the staffing arrangements required to implement the Care Act 2014. It quickly became apparent that reviewing the workforce structures would not be sufficient to meet the challenges of the Care Act and that Adult Social Care needed to work in a very different way in order to address the requirements of the new Act and to meet fiscal austerities. The 'New Way of Working for Adult Social Care' project was approved by the programme Board in December 2014.

1.2 There is an increasing recognition that the current arrangements for delivering social care are not sustainable

1.3 The 2012 white paper described the care system as reactive to crises and lacking clarity, consistency, and enough information and support for users and carers. It set out a new approach based around two principles:

- "to prevent, postpone and minimise people's need for formal care and support… built around the simple notion of promoting people's independence and wellbeing"; and
- "people should be in control of their own care and support".

1.4 The purpose of the change programme is to implement a new, financially viable, way of working for Adult Social Care that ensures the Council is able to meet all of its duties under the Care Act 2104 and which reflects a person-centred, strength-based approach to promoting independence and wellbeing and which puts people in control of their own care and support decisions.

1.5 The programme has been running for 8 months and now has 3 innovation sights 'bubbles' trialling the new approach. Results have been really positive, with good outcomes for service users and staff.

1.6 Whilst we will continue to learn how to do things different we feel we know enough now to start planning the implementation phase. Three workshops are being held in September to plan together with staff how we move things forward.

1.7 We are also starting to work with partners in health to look at how we can integrate at a more local level - collaborating in a joined up system of health and social care community based support.

1.8 Equalities - This item is not relevant to equality.

Appendix

Appendix A – Presentation: A new way of delivering Adult Social Care

A new way of delivering adult social care

Tandra Forster
Head of Adult Social Care

West Berkshire COUNCIL

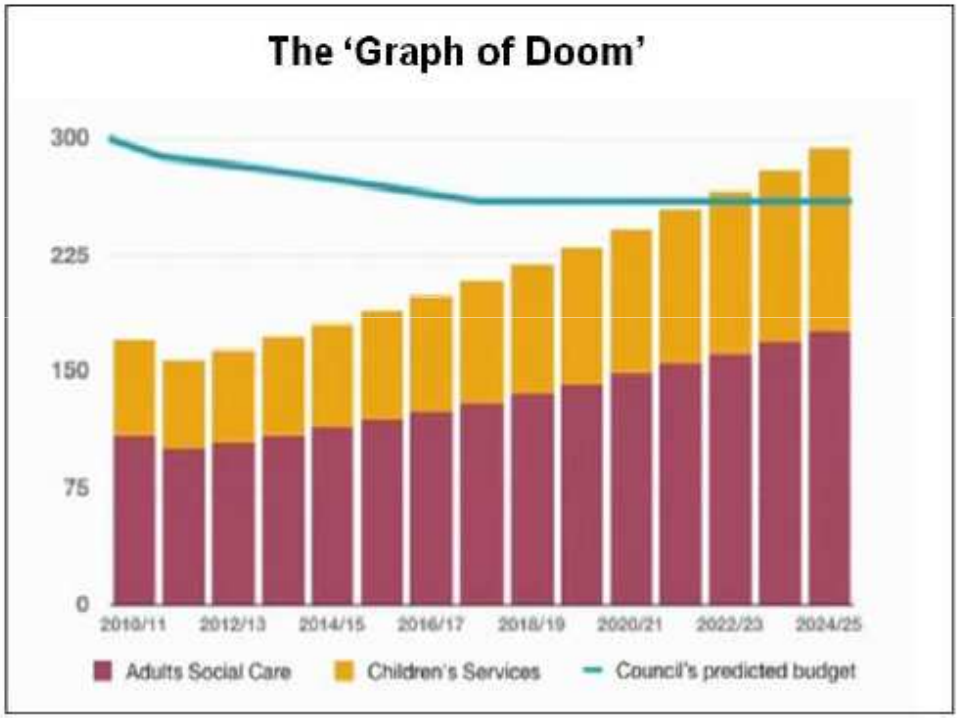
The headlines

West Berkshire COUNCIL

Challenges

- Austerity
- Ageing population
- Burden of disease
- Integration
- Care Act

Key drivers of change

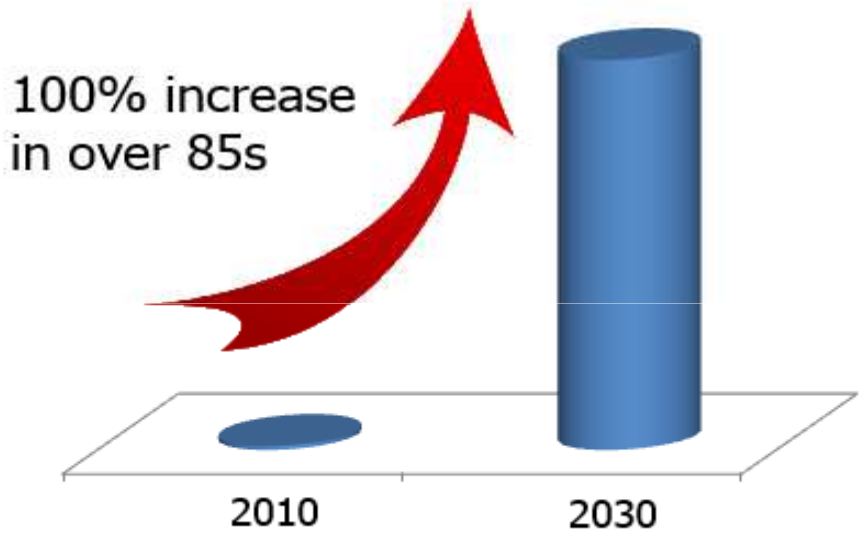


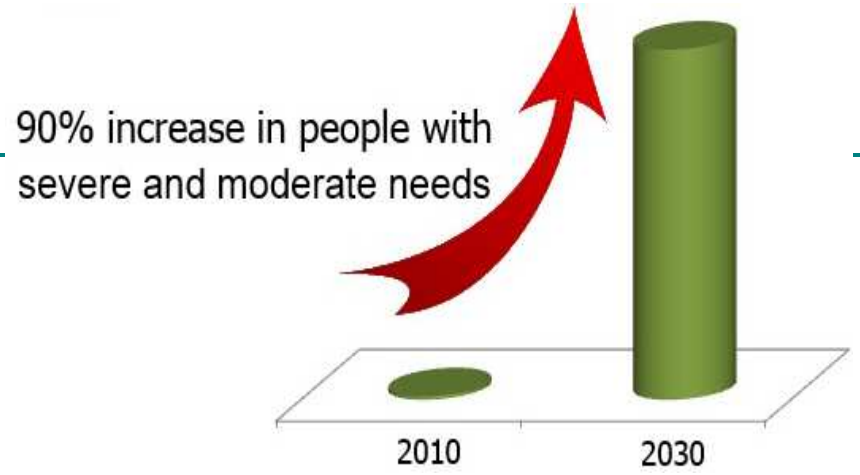
Without significant changes in the way care services are provided or councils' funded, the increasing numbers needing support would mean that **by 2022-23 council's would only be providing social services**.

There being no money left for anything else.

West Berkshire COUNCIL

Pressures!





‘Fiscal austerity’ is now expected to extend to at least 2018

West Berkshire Council

Slide 5

RW1 Statistics here are drawn mostly from House of Lords Ready for Ageing Report 2012-13
Richard Wellings, 30/04/13

Two Choices:

- Centralisation, making it harder, savings targets.
  - or
- Stop assessing people for services, focus on what they really want, focus on strengths not deficits, carers, social work as investment advisors.

One Model:

Help To Help Yourself

Accessible, friendly, quick, information, advice, advocacy, universal services to the whole community, prevention

Help When You Need It

Immediate short term help, reablement, intensive support to regain independence, minimal delays, no presumption about long-term support, goal focussed, integrated.

On-Going Support for Those who Need it

Self directed, personal budget based, choice and control, highly individualised

Safeguarding

Right Skills, Right People

West Berkshire Council

Golden Rules

- Key principle of the Care Act (2014) – prevent, reduce, delay the need for long term intervention
- Always offer tiers 1 and 2 before offering tier 3 – this is our primary core offer
- No hand-offs, no waiting lists
- Not about containing costs in reducing, it is about helping people live as independently as possible
- Never plan long term with people in crisis – stick to people like glue. Always think hard about what will help carers continue caring.
- 100% of people and families plan their own support.

Next steps

- ‘Planning implementation’ workshops – September
- Evaluation of second phase – what else have we learned?
- Expanding the work with partners – 2 GP practices interested in a ‘bubble’

Title of Report:	**A Review of Governance Arrangements in respect of Health and Social Care Intergration**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	24 September 2015

Purpose of Report: **To inform the Board on the review of governance arrangements in place to support system integration across Berkshire West.**

Recommended Action: **To note the report and discuss possible implications for the Health and Wellbeing Board.**

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.

Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☒
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Outcome Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Graham Jones – Tel 07767 690228
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details	
Name:	Nick Carter
Job Title:	Chief Executive
E-mail Address:	ncarter@westberks.gov.uk

Executive Summary

1.1 Introduction

1.2 At the systems workshop at Highfield Park on the 29th/30th April, it was agreed that the governance arrangements surrounding system integration across Berkshire West needed to be reviewed. This paper seeks to do just that. It also makes a number of recommendations with regard to how governance might be strengthened moving forward.

1.3 Key Issues

1.4 In reviewing the current governance arrangements the following observations can be made;

1. the approach has largely been to build on what was already there rather than realign with integration in mind;

2. governance is not approached from a system perspective but more from the perspective of the organisations that inhabit it;

3. strategic development of the integration agenda is weak and lacks coordination. Accountability is blurred;

4. the governance arrangements are afflicted by the same issues that impact on the wider system integration agenda. Relationships are still at a formative stage and as a result, trust and confidence is still being built. There is an unwillingness to challenge and reflection and learning are weak. The decision making requirements of the constituent organisations that make up BW10 are not understood by the respective partners and are frequently compromised. In some cases representation on some groups is not balanced;

5. whilst resources have been an issue the creation of a Programme Office is seen as having been very helpful;

6. attendance at meetings is generally good however, the use of deputies frustrates some. For senior managers diary management is an issue and there is a view held by many that when it comes to meetings, there are just too many;

7. the locality based governance is seen to work better than that created at a Berkshire West level. Tensions between the Chief Officers Group and the Partnership Board are clearly evident;

8. HWBBs are seen as somewhat peripheral as is the role of Elected Members;

9. accountability is a major concern as is overall coordination although the latter is seen to have improved markedly with the creation of the Programme Office. The role of the Chair in all settings seems undefined.

1.5 Summary of Proposals

1.6 Set out below is a summary of what is being proposed in this report. In making these proposals it should be borne in mind that there is much that works well and that whilst this review has inevitably focused on what are seen as the current deficits, there is a lot that should be retained in what is a very complex system.

1. To create a new Integration Board to replace the Chief Officers' Group and Partnership Board. The Chair should be elected with a 1 year term as should the Vice Chair with each being selected from a different sector. The role of the Integration Board should be widened to encompass all three integration themes.

   The Board should meet every 2 months and its representation reviewed to encompass one representative each from BW10. The way in which the Board operates should reflect its remit.

2. To strengthen the Delivery Group which should meet monthly. The Chair should be drawn from the other sector to that of the Chair of the Integration Board. Membership should include, amongst others, the Chairs of the various sub groups.

3. To invite the Chairs of the Health and Wellbeing Boards to the Integration Boards once the new governance arrangements have become established. This is to ensure greater political awareness and buy into the integration agenda.

4. Make some minor changes to the Locality Boards with regard to remit, Chairship and representation.

5. Create a Management Group comprising the Chairs of the Integration Board, Delivery Group and Locality Boards to ensure effective forward planning, coordination and decision making.

6. Set aside a specific day of the week on which integration work is given priority over organisational commitments. It is proposed that this is Wednesday.

7. It is proposed that the more detailed operational aspects of these proposed governance arrangements are discussed by the Delivery Group on September 16th.

2. Introduction

2.1 At the systems workshop that was held at Highfield Park on 29/30th April it was agreed that a review would be undertaken of the current governance arrangements supporting our integration work. The underlying view was that the current arrangements were not fostering and supporting integration in the way they should, and that a review should be undertaken to consider how they might be improved.

2.2 In seeking to undertake this task the following have been done;

(1) clarifying the current arrangements including roles and responsibilities;

(2) assessing the degree to which the expected roles and responsibilities of each group are actually fulfilled in practice, and reflecting on that;

(3) reviewing the comments made at the systems workshop at the end of April with regard to governance;

(4) reflecting on the current approach to integration, how that may need to change, and therefore how governance might best be structured to support any new approach;

(5) an assessment of the options that might be considered in terms of a future model.

2.3 It should be noted that the purpose of this paper is to specifically review the governance arrangements as they relate to the integration agenda. Some of the structures referred to in this paper have a role beyond integration and it is not the intention of this paper to comment on that wider role.

3. Background

3.1 Whilst health and social care integration has been debated on and off for a number of decades there has been a renewed interest in the topic at national level over the past 2-3 years, driven in part by increasing demand and the need to save money. The past Government was of the view that integration would bring about a better patient experience and improved efficiency. Evidence of such improvements on the ground is not always easy to come by but few have questioned the view that greater integration must inherently be a good thing.

3.2 Locally the drive to move the integration agenda forward started in mid 2013 following the abolition of PCTs and the formation of Clinical Commissioning Groups (CCGs). The natural geography for integration emerged as Berkshire West or the individual unitary authority (UA). The complexity of the local organisational architecture, most notably 4 CCGs and 3 unitary authorities underlined the challenge. The systems partnership was named BW10 to reflect the number of organisations involved across Berkshire West.

3.3 The Government moved the integration agenda forward nationally with the introduction of the Better Care Fund (BCF) - a specific fund set aside to promote health and social care integration under the control of local Health and Wellbeing

Boards (HWBB). Whilst locally the BW10 had started to develop a more holistic approach to integration focused around the three strands of elderly frail, mental health and children, inevitably the Government's BCF Programme began to dominate the agenda. That said elements of the Elderly Frail theme were taken up through the BCF Programme albeit to a Government framed set of criteria and timescales which to the frustration of many were often subject to movement and alteration, sometimes at very short notice.

3.4 Whilst the BCF Programme has dominated the integration agenda locally other work has been pursued. Progress has been made on the mental health and children's strands and attempts have been made at developing new pathways and undertaking financial modelling with the assistance of various consultancies.

3.5 Locally, some appeared to see integration as something of a 'silver bullet' - an antidote to the financial challenges that many organisations know lie ahead. Various seminars were held at which the opportunities to transform, integrate and steer away from a financial precipice were discussed. Despite any real evidence of significant financial benefit, this inevitably led to some senior managers/chief officers seeking to drive the agenda forward.

3.6 Finally, the task was perhaps made even more challenging by the context in which many of the organisations were working. The NHS had only recently been reorganised. Health and Wellbeing Boards were still finding their feet, the Care Act was on the horizon - and there were the ongoing challenges associated with balancing the budget. Alongside a burgeoning day job was an expectation that a transformation programme could also be delivered resulting in a new more integrated entity of whatever form.

3.7 The approach to governance within this new environment was largely to add to what already existed. Governance was shaped to reflect the needs of each locality (Reading, West Berkshire and Wokingham) along with the need for decision making at a Berkshire West level. The three HWBBs were formally seen as the primary decision making bodies for much of the integration work. The Berkshire West Partnership Board (which had existed for a number of years) was however seen as the primary body with responsibility for shaping and overseeing delivery of the Integration Programme. Three Locality Boards were established (with very similar terms of reference) to support the Partnership Board and specifically oversee the delivery of local BCF projects.

3.8 A Chief Officers Group (COG) also emerged and played an active role in driving the integration programme forward. Initially it included the Chair of the Partnership Board. Tensions emerged between the COG and the Partnership Board in terms of roles and responsibilities.

3.9 Towards the end of last year a Delivery Group was established to support the Partnership Board. This also coincided with the strengthening of the programme management arrangements with additional staff being deployed.

3.10 More latterly a Frail Elderly Pathway Group has been established which also reports directly to the Berkshire West Partnership Board.

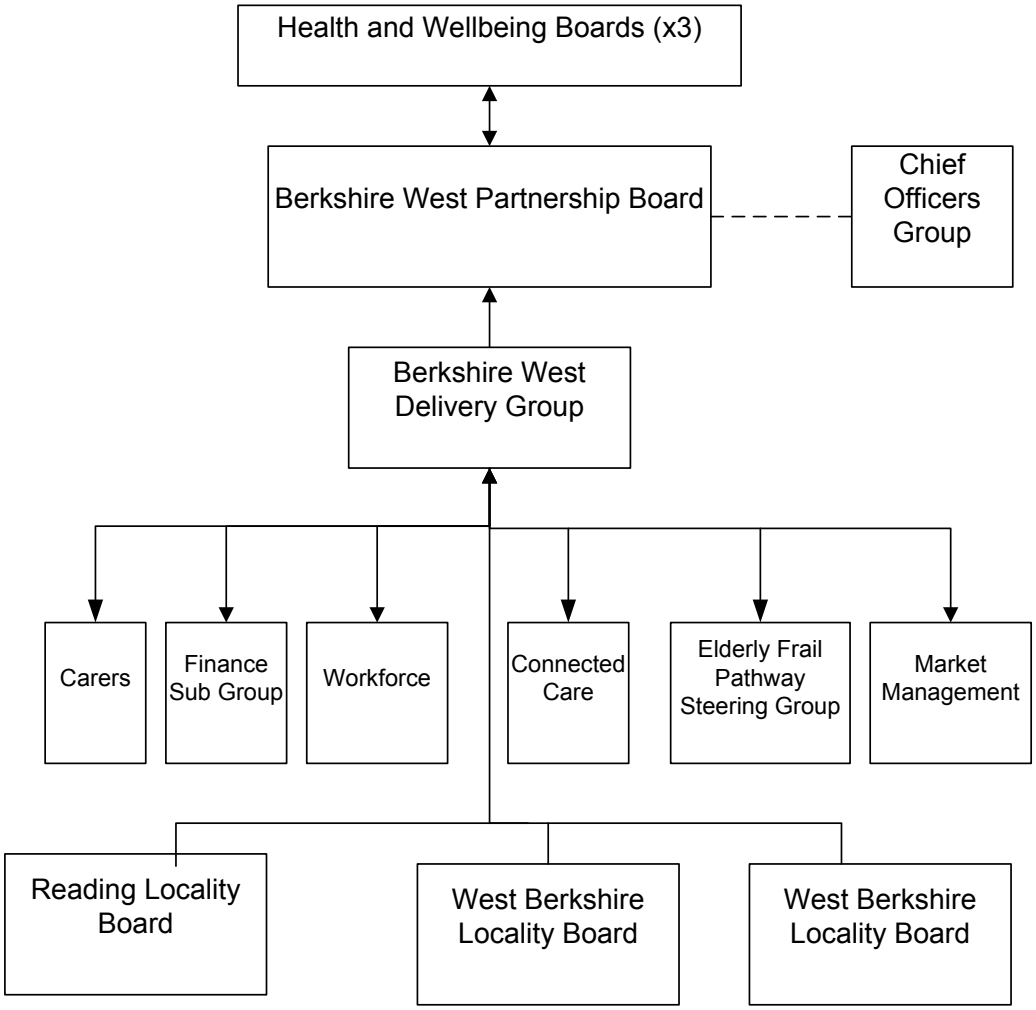
3.11 It is important to note that the remit of some of these Groups goes beyond that of the Integration Programme which is the subject of this paper. Their agendas therefore include a wider range of items. The most obvious example of this is the Berkshire West Partnership Board.

4. Current Governance Arrangements

a. An overview of the existing position.

4.1 The current governance arrangements are summarised in Fig 1. Appendix 1 includes a review of each of the associated bodies, namely their terms of reference and membership along with a short review of their recent activity and attendance.

Fig 1 – Current integration governance across Berkshire West



4.2 In terms of roles and responsibilities these are formally and clearly articulated for all of the Groups with the exception of the Chief Officers Group. The Berkshire West Partnership Board's terms of reference are currently awaiting update.

4.3 One important principle underpinning the governance arrangements is that local projects (based at UA level) are overseen by the three Locality Boards. The Boards in theory report into the Delivery Group. The Delivery Group has overall programme management responsibility and is also responsible for oversight of those projects

being delivered at a Berkshire West level, including the various 'Enabling Projects'. The Delivery Group (which has only been in place since November 2014) is then responsible for reporting and escalating issues to the Berkshire West Partnership Board where key decisions/interventions would be taken if necessary.

4.4 The Finance Sub Group is responsible for overseeing the financing of the integration work and should report to the Delivery Group although it often reports. The newly established Frail Elderly Pathway Steering Group is responsible for driving that specific area of work forward and currently reports to the Berkshire West Partnership Board.

4.5 The role of the Chief Officers' Group has been less formally documented but its main roles are to help formulate strategy, drive implementation, support the Partnership Board and provide a forum for the Chief Executives of the respective organisations to meet and discuss the Integration Programme.

4.6 The Locality Boards would appear to function relatively well. Their agendas are understandably focused on their specific locality projects and attendance at meetings is generally somewhere between 65-85%. They usually meet monthly. Representation appears appropriate and includes the Programme Office which helps with overall co-ordination. Areas for further development would appear to include;

(1) embracing children's and mental health issues - currently BCF and adult social care tend to dominate agendas;

(2) ensuring that sufficient time is devoted to co-ordinating Berkshire West and the 'the enabling' projects;

(3) providing a clearer link to local Health and Wellbeing Boards;

(4) co-ordinating with the Finance Group to ensure that there is a clear and common understanding of the financial environment;

(5) appropriate challenge with regard to performance and delivery issues;

(6) reviewing the way in which issues are escalated/referred to the Delivery Group.

4.7 Aside from co-ordinating local projects the Locality Boards do appear to have been successful in helping strengthen local relationships and in developing a mutual understanding of organisational issues.

4.8 The Finance Sub-Group is a relatively new Group that meets monthly, sometimes more frequently. As might be expected the Group comprises Finance reps from all the main constituent organisations. The Chair of the Finance Sub-Group is a member of the Delivery Group. Attendance is good at between 70-80%. The main issue with the Group appears to relate to how it relates to other groups. It reports to the Partnership Board and also to the Delivery Group although its own terms of reference state the latter. Representation by Finance reps on the Locality Groups also appears patchy.

4.9 The Frail Elderly Pathway Steering Group is a very recent creation. It has a very specific remit and has a reporting pathway directly to the Partnership Board.

4.10 The Delivery Group has only been in existence for around six months and has emerged alongside the development of a stronger Programme Office. Representation on the Group, which is relatively tightly drawn and includes the Chairs of Locality Boards and Finance Groups, seems appropriate. It meets fortnightly.

4.11 Attendance is however an issue. Movement of staff and diary clashes have proved a major issue. The Group's ability to address its terms of reference has been limited and so therefore has been its support to the Partnership Board.

4.12 The Berkshire West Partnership Board existed long before the current Integration Programme work commenced. It meets monthly and generally has good attendance – between 75 – 85%. Its agenda is not limited to integration but in recent months agendas have increasingly been structured around the Integration Programme.

4.13 Representation is dominated by the CCGs and it is not unusual for the CCGs to have majority representation at the meeting. Whilst the Unitary Authorities are represented Directors are frequently absent and deputies used which understandably causes frustration for some.

4.14 In reviewing current agendas there is a strong, and at times detailed focus on delivery. It would appear at first sight that the Partnership Board is increasingly assuming the role of the Delivery Group possibly at the expense of its more strategic remit.

4.15 The Chief Officers' Group (COG) tends to meet every two months or so. These meetings are more informal but are heavily focused on the Integration agenda. The Group has at times assumed a decision making role and has been involved in strategic and visioning work. It would be fair to say that the COG has occasionally decided to 'take over the reins', because it did not feel the Partnership Board had a desire to drive the Integration Agenda. There is no direct link between the Partnership Board and the COG.

4.16 An important issue that has emerged in recent discussions is how governance shaped around the integration agenda coexists with specific governance requirements of the individual organisations comprising the BW10. Whatever governance arrangements are created to support integration they will not, at least in the short term, override those of the individual organisations. It is therefore inevitable that a degree of sequential working will be required which will add time and complexity. In the case NHS bodies an additional month would need to be allowed to ratify decisions that had been made at their Executive Committee or Trust Board by the Integration Board. In the case of the unitary authorities an additional 3 months would be needed unless decisions could be ratified under an urgency procedure.

b. Issues raised at the workshop

4.17 The systems workshop on the 29th/30th April highlighted governance as an area that was not working and specifically commented that;

(1) there was a disconnect between leaders and delivery;

(2) there was a lack of clarity regarding authority and governance;

(3) there were conflicting arrangements 'back at the organisation';

(4) there was little consideration given to the complexities and challenges associated with managing a system as opposed to an organisation ('the blue vs the yellow');

(5) the current arrangements did not support progress;

(6) governance did not provide an understanding of why things work and why they don't;

(7) questions emerged as to whether the current governance supported a loss of sovereignty.

4.18 The workshop also latterly highlighted the following issues when governance was discussed in more detail;

(1) Health and Wellbeing Boards were too remote from the Integration agenda;

(2) there were issues regarding the respective roles of the Berkshire West Partnership Board and the Chief Officers Group which were leading to confusion;

(3) the current arrangements were resource hungry and difficult to support. There were diary clashes which prevented some senior managers from attending;

(4) there were concerns regarding the willingness/ability of some colleagues to provide constructive challenge in some settings;

(5) there was an acceptance that developing an effective approach to integration meant more than just constructing an agenda with written papers attached to it. Time needed to be set aside for strategy development and for building relationships and trust;

c. Responding to the Integration agenda

4.19 Reflecting on the way in which the integration agenda might develop over the next few years it is perhaps worth highlighting the following;

(1) managing a system is distinctly different from managing a discrete organisation. Nationally, those that have had some success with integration have stuck at it but have progressively built their governance around the need to adopt a system led approach;

(2) is there a need to more actively embrace other partners, most notably Central Government, given the status of the current devolution agenda?;

(3) the strengthening of the Programme Office has brought benefits but there may be a need to create additional joint resource to move the

integration agenda forward. It has also been suggested that there should be a greater emphasis on building internal capacity and capability rather than relying heavily on consultancy support where knowledge and capability is too readily lost.

d. The key issues

4.20 Before moving on to proposals, set out below are what are seen as the key issues that need to be addressed in reshaping governance;

(1) there is much that works well, and whilst this current report has inevitably focused on what are seen as the current deficits, there is a lot that should be retained in what is a very complex local system;

(2) governance needs to be streamlined – there is too much of it;

(3) the integration agenda is still dominated by the elderly frail work stream and BCF. The wider opportunities afforded by integrating children's and mental health commissioning and services need to be embraced within our governance;

(4) there should be stronger links with Health and Wellbeing Boards and it is questionable whether Elected Members are well enough engaged;

(5) the Locality Boards appear to work well and provide a good opportunity to develop and sustain local system leadership and delivery. There are opportunities to enhance their role;

(6) the Delivery Group needs to be strengthened. It appears to be currently subverted by the Partnership Board whose role is too focused on delivery. At fortnightly, it is probably meeting too frequently;

(7) strategic input is confused and diffuse. The roles of the Chief Officers' Group and Partnership Board are not clear in this respect;

(8) the governance arrangements need to be managed holistically. Meetings of the various groups need to be synchronised. Diary management is problematic for senior managers. It might be appropriate to designate one day a week to integration work across Berkshire West, and agree that organisational requirements will take second place on this day;

(9) any integration governance arrangements will need to be carefully woven with those of the various organisations making up the BW10. This will increase timescales and complexity and is likely therefore to demand a fair degree of forward planning;

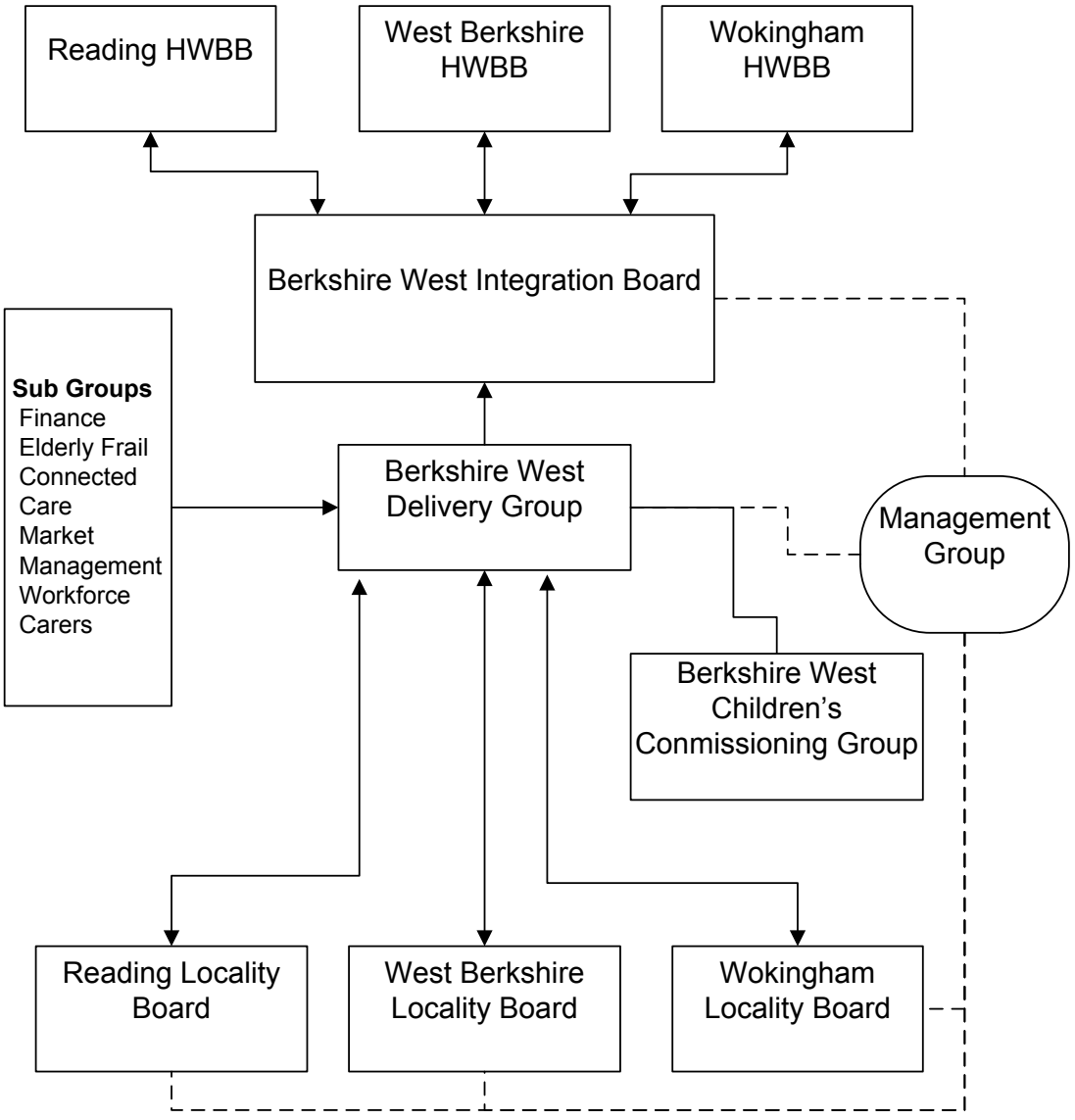
(10) representation seems appropriate at a delivery level but less so at a strategic level. Attendance is satisfactory across the board but the use of deputies notably by the unitary authorities is causing concern and needs to be addressed;

(11) new ways of working together need to be promoted most notably at a strategic level. There is a lack of openness and at times respect. The

governance arrangements need to work to address these issues not ignore or hide them.

Fig 2

Proposed Governance Arrangement for Health and Social Care Integration in Berkshire West



5. Proposals

5.1 A revised governance structure is set out in Fig 2 above.

5.2 The following key changes are recommended;

(1) to retain the three Locality Boards but to broaden their integration remit, add a local finance rep and strengthen their link to the local Health and Wellbeing Board;

(2) strengthen the Delivery Group by ensuring there is appropriate attendance. Meetings should be monthly. Representation appears sound as do its Terms of Reference (TOR). The Finance Sub Group and Frail and Elderly Pathway Steering Group should report into this Group along with any other Sub Group. The Chairs of all these Sub Groups should automatically become members of the Delivery Group. Consideration should be given to the role of the Chair of the Delivery Group. The Chair should be rotated every year;

(3) remove both the Partnership Board and the Chief Officer Group from being involved in the Integration Programme and create a separate Integration Board. The Board should meet bi-monthly and include Chief Executive/Director level representation from each of the BW10 along with the Chair of the Delivery Group. Chief Executives should have a right to attend if not a member of the Board. It is also proposed that Chairs of each Health and Wellbeing Board are invited to attend the Integration Board once it has become established (say after 6 months). New Terms of Reference will be required which will include high level oversight of Programme Delivery but more importantly the setting of strategic direction alongside regular reviews of progress and strategy. Feedback and learning should become commonplace. The structure of the meetings would need to include formal meetings alongside informal away day settings. It should be agreed what type of business is transacted at what type of setting. Meetings should be programmed one year ahead and venues rotated. The Chair would be elected annually and would be drawn from a different organisation to that of the Chair of the Delivery Group.

(4) a Management Group would be formed of the Locality Group Chairs, Delivery Group Chair and Integration Board Chair to oversee the Forward Plan and review resourcing. This meeting would be arranged bi monthly and would be chaired by the Integration Board Chair;

(5) Wednesday would be set aside for integration work across Berkshire West. That is not to say that Integration work would take place every Wednesday. As a sign of their commitment to the Integration each of the BW10 would reshape its own governance to protect this day. The Programme Office would be made responsible for arranging a co-ordinated annual schedule of meetings in association with each of the Chairs;

(6) Issues such as quoracy and the use of deputies should be referred to the Delivery Group for consideration at their meeting on September 16th where matters of detail can also be discussed.

A provisional suggestion re quoracy is that the Integration Board and Delivery Group should have at least two members present from both sectors (NHS and Local Authority). It is suggested that deputies are not allowed.

6. Equalities

6.1 This item is not relevant to equality.

Appendices

There are no Appendices to this report.

Consultees

Other: Berkshire West Partnership Board, Health and Wellbeing Management Group

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Title of Report:	**Feedback on the Health and Wellbeing Strategy Hot Focus: Mental Health and Wellbeing in Adults**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	Thursday, 24th September 2015

Purpose of Report: **To feedback on activity that has taken place over the last three months.**

Recommended Action: **For information.**

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.

Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☒
• Is it a major policy, significantly affecting how functions are delivered?	☐	☒
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	☒
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☐	☒
• Does the policy relate to an area with known inequalities?	☐	☒
Outcome Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Graham Jones – Tel 07767 690228
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details	
Name:	Rachel Johnson
Job Title:	Senior Programme Officer
Tel. No.:	01635 519934
E-mail Address:	rjohnson@westberks.gov.uk

Executive Report

1. Introduction

1.1 A number of stakeholders were invited be part of a mental health and wellbeing in adults Hot Focus session on April 23rd from 09.00am till 12.00pm at Shaw House, Newbury. The session was run to help the Health and Wellbeing Board have a greater understanding of what services are available in West Berkshire and how we can achieve the priority within the Health and Wellbeing Strategy: **We will promote mental health and wellbeing in all adults through prevention, early identification and provision of appropriate services. We will tackle loneliness and social isolation.**

1.2 The aims of the session were: (1) To bring together relevant stakeholders with members of the Health and Wellbeing Board to explore mental health and wellbeing services that are currently available within West Berkshire across a continuum from prevention to treatment and rehabilitation. (2) To identify successes, gaps and barriers within the system and suggest solutions that will inform the Health and Wellbeing Strategy delivery plan.

1.3 The objectives of the session were:

- For providers of mental health and wellbeing services to give a brief outline of the service they provide
- For members of the Health and Wellbeing Board and other stakeholders including service users and carers to have a better understanding of what services are currently available to address the mental health and wellbeing needs of adults in West Berkshire
- To map services across the district, identifying any gaps and barriers to provision
- To identify possible solutions and explore how partners can work together better
- To draw up a catalogue of actions that can be fed into a delivery plan to be developed by the West Berkshire Mental Health Collaborative to address the mental health and wellbeing in adults priority.

1.4 The structure was a scene setting by Dr Angus Tallini, followed by a session on prevention and promoting positive mental health. Afterwards, there was a showcasing session where 13 organisations had 4 minutes to share what their service offers, who it is aimed at, what they were proud of and what challenges they faced.

1.5 The second half of the session involved small group work (5 tables) exploring; what are we missing? what do we need more of? What do we need less of?

1.6 The groups identified the following gaps (what are we missing/need more of); Recovery College, peer support, tackling stigma, more provision for mental health services users in primary care, ensuring adequate services in rural areas, focus on wellbeing, meditation, adequate provision for children moving from CAMHs to Adult services, Mental Health First Aid training in GP surgeries and other training, lack of fully responsive crisis team, better linkages and promotion of agencies.

1.7 After the hot focus session, an email was circulated to everybody that attended to find out 1) if they found the session useful and if they learnt anything new, 2) What was the most useful, 3) what they thought of the format of the session, 4) what improvements would they suggest for the next hot focus session and any other comments. Ten people responded.

1.8 In terms of what they found useful and if they learnt anything new the responses were; informative, interesting, finding out about organisations otherwise not known about, find out what is available locally, meet new people, opportunity for organisations to promote their services and opportunity to share contact details.

1.9 In terms of what was most useful, respondents gave the following responses; publishing what services are available to public/professionals, picking up resources, networking, service improvement and making better links with different organisations.

2.0 In terms of what they thought of the format, the following responses were received; clear objectives so that that there would be actions and outcomes arising, pace was good, well organised, shorter opening section required, attendance from other organisations, such as police, button for power point presentations, clarification of purpose of the event and more specific questions in the group work.

2.1 In terms of what improvements they would make, the following responses were made; clearer focus, more targeted – ask each organisation how they can address specific issues (on the what's missing sheet), later start time due to public transport (event started at 9am), share outcomes to see progress, more time for group work, separating groups into different rooms and more leaflets/materials to exchange.

2.2 Other comments that were given were; lots of energy and desire to change things, "thanks for setting it up", "glad to be a part of it", "would be good if it was a regular occurrence", a service user was able to provide positive feedback to other service users within their organisation.

2.3 A mental health collaborative was developed to look at how a strategic way forward for mental health could be initiated. It has now met several times, commencing with two workshops to set out a vision and focus on key issues. From this, a workshop to develop an action plan took place, with input from a range of stakeholder organisations and service users. This action plan contains short, medium and long term goals and is now being consulted on more widely. There is a crossover of representation of people who attended both the mental health collaborative and the hot focus session. This has resulted in issues raised in the hot focus meeting to be raised at the development of the action plan and can be taken forward collectively.

2. Equalities

2.1 This item is not relevant to equality.

Appendices

There are no Appendices to this report.

Consultees

Local Stakeholders:

Officers Consulted: Manawar Jan-Khan

Other:

Title of Report:	**Better Care Fund –Underspends and Use of Contingency Fund**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	24th September 2015

Purpose of Report: **To seek approval from the Health and Wellbeing Board for the adjustment of the financial plan and proposed alternative investments.**

Recommended Action: **Approve request**

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.

Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☐

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☒
• Is it a major policy, significantly affecting how functions are delivered?	☐	☒
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	☒
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☐	☒
• Does the policy relate to an area with known inequalities?	☐	☒
Outcome Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Councillor Graham Jones (01235) 762744
E-mail Address:	Gjones@westberks.gov.uk

Contact Officer Details	
Name:	Tandra Forster
Job Title:	Head of Adult Social Care
Tel. No.:	01635 519736
E-mail Address:	tforster@westberks.gov.uk

1. Better Care Fund Plan

1.1 Earlier this year the Health and Wellbeing Board gave its' approval to the West Berkshire Locality Better Care Fund Plan and associated pooled budget. The plan comprises 7 schemes that will promote integrated services across both West Berkshire and the West of Berkshire.

1.2 The total pooled budget underpinning the plans is £9.533m. although it is again worth noting that this was not new money for the local health and social care system. The Expenditure Plan allocates this money across the 7 BCF schemes and other areas relating to the national conditions of the BCF (including protecting local adult social care services), the existing Section 256 transfers from health to the LA and a contribution towards some of the costs arising from the Care Act 2014. Appendix A is a copy of the financial plan submitted to the Department Health as part of the Better Care Fund template. Appendix B is a simplified version which shows more clearly how the investment has been split between Newbury and District CCG and West Berkshire Council.

1.3 At the time the individual allocations across the schemes were agreed it was not certain how the projects would progress and therefore whether the investment set aside would be fully utilised.

2. Schemes likely to Underspend

2.1 We are now in Q2 and it has become apparent that some of the projects have changed and therefore the investment will either not be required in this current year or will be reduced. The changes include:

(1) Hospital At HomeThe Proof of Concept exercise identified that significant redesign of the proposed scheme was required. The re-framed business case suggests that the numbers of people being subject to the new service in this financial year will be significantly reduced and therefore the budget allocated to this BCF scheme will be underspent.

(2) Health & Social Care Hub

Adult Social Care is currently implementing its change programme, (New Ways of Working) which requires a very local focus and, most importantly, no handover of a person once they make contact with the Council. As a result the Council has paused its involvement in the project at the current time. This means the £70,000 allocated to this scheme will not be required in the current year.

(3) 7 Day Services

BCF Expenditure Plan includes a significant allocation, for both the CCG and the Council, to cover the cost of extending 7 Day Services. Whilst new arrangements have been trialled by the Council and preparations are underway to create increased capacity, these changes will not be fully up and running until September and therefore an underspend is expected. The CCG allocation has been and will continue to be utilised to provide extended access in Primary Care therefore this allocation will be spent.

2.2 One of the key issues still impacting upon the schemes is the lack of certainty over the future of the Better Care Fund, we are already seeing comments being made that the key decisions over the future of the BCF have yet to be taken. Clearly it is important we do not make long term spending decisions until funding streams are secured.

3. Alternative Use of Funds

3.1 As part of the BCF approval process, a detailed Expenditure Plan had to be submitted to the Department of Health and NHS England for approval.

3.2 NHS England have been contacted to confirm the use of any unspent BCF monies on alternative initiatives. They have confirmed that this is acceptable providing the changes are appropriate to meet the national conditions, jointly agreed by the CCG and the Council and approved by the HWB.

3.3 Where it is identified that the full funding is not required for its original purpose in this year the process recommended will be for it to transfer into the BCF Contingency Fund. Any spend proposals agreed between the Council and the CCG will then come forward for approval before contingency funds are allocated to either partner. .

4. First Proposal – Frail Elderly Pathway

4.1 Subsequent to the development of the projects it has been identified that there is a requirement to invest in the creation of a financial model that will underpin the Frail Elderly Pathway (FEP). Appendix C contains more detail. The Health and Wellbeing Board has already signed up to the principles of the FEP.

4.2 In order to benefit from the model we request that £58,000 is allocated from the Contingency Fund to pay for consultancy and associated project management, If approved, this is matching the funding of the other 9 partners the Berkshire West 10.

It is not yet clear the scale of the demands that will be placed directly on the BW10 in respect of responding to requests for information from the clients. The previous work on the Frail Elderly Pathway undertaken by Finamore placed huge pressure on the local authorities. If the demands cannot be met from existing resources then a further bid for use of the contingency fund may be necessary.

5. Equalities

5.1 Projects contained within the Better Care Fund programme are focused service improvement and should result in a better service for all.

Appendices

Appendix A – BCF Financial Template V1
Appendix B – BCF Financial Plan

Consultees

Officers Consulted: Steve Duffin, Shairoz Claridge, Fiona Slevin Brown

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Title of Report:	**Berkshire West Health and Wellbeing Challenge**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	24th September 2015

Purpose of Report: **To inform the Board about the Peer Challenge proposed for December 2015.**

Recommended Action: **For information**

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.		
Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☒
• Is it a major policy, significantly affecting how functions are delivered?	☐	☒
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	☒
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☐	☒
• Does the policy relate to an area with known inequalities?	☐	☒
Outcome Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Graham Jones – Tel 07767 690228
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details	
Name:	Jessica Bailiss
Job Title:	Policy Officer
E-mail Address:	jbailiss@westberks.gov.uk

Executive Report

1. What is a Peer Challenge

1.1 Peer Challenges form part of the Local Government Association's (LGA) core support programme to Local Authorities. The process is commissioned by a council or a group of councils and involves a small team of local government peers (and relevant partner organisations as appropriate) spending time at a Council to provide challenge and share learning. The LGA's programme of health and wellbeing peer challenges are currently subsidised by the Department of Health and are therefore free to Councils and Health and Wellbeing Boards (HWBs).

1.2 Peer challenge is not inspection. The process is based on a view that organisations learn better from peers and are open to challenge.

2. A Berkshire West Health and Wellbeing Peer Review

2.1 It has been proposed that a Berkshire West Peer Challenge take place involving West Berkshire, Wokingham and Reading Local Authorities in December 2015.

2.2 The Peer Challenge will be improvement focused and will involve a bespoke team from a range of organisations working on site with each council and its partners for four days. They will provide feedback on the challenge on the final day with a follow-up written report 3 weeks later

2.3 A typical team involves:

- A lead peer – normally a council chief executive or strategic director;
- An elected member (normally the chair of a HWB) with significant health experience;
- A director of public health;
- A senior manager from a CCG;
- Another peer, depending on the scope of the challenge, for example a specific health expert, a national peer or a Healthwatch representative;
- LGA challenge manager.

2.4 The team will explore how each council and its partners are working together to deliver successful health outcomes through their HWB. Through a comprehensive programme of discussions, observations, workshops, focus groups and visits, the peer team will develop and feedback its findings and recommendations at the end of the three days.

2.5 The peer challenge will focus on the HWB and partners who form the local health and wellbeing system, recognising that 2015/16 brings a window of opportunity to put HWBs in the driving seat of local system leadership whilst being able to take on a place-based approach to commissioning adult social care/health and address the wider determinants of health. The peer challenges are focused on enabling the

leadership of HWBs to move into this space effectively. In this context the peer challenge focuses on the following elements:

- ensuring clarity of purpose of the board
- building a model of shared leadership within the board
- working with partners to develop the systems leadership role
- ensuring delivery and impact
- integration and system redesign

2.6 As part of the process, HWBs are also encouraged to specify a particular local focus they would like the peer challenge team to explore.

3. Next Steps

3.1 A scoping meeting is taking place on 7th September 2015 with Wokingham and Reading local authorities. Representing West Berkshire will be the Chairman of the HWB and the Head of Public Health. More information about the process will be provided once this meeting has taken place.

4. Equalities

4.1 This item is not relevant to equality.

Appendices

There are no Appendices to this report.

Consultees

Officers Consulted: Mona Sehgal – Principal Advisor, Local Government Association

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Title of Report:	**Report of FGM Task and Finish Group**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	24th September 2015

Purpose of Report:

The findings of LSCB Task & Finish Group are that FGM be a matter raised at the Health & Wellbeing Boards in order to ensure that addressing FGM is a priority for all agencies and that it is seen as a family and community issue.

Recommended Action:

Health & Wellbeing Board to take forward the recommendations of the report and to initiate a quarterly FGM delivery and safeguarding partnership meeting.

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.		
Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☒	☐
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• Does the policy relate to an area with known inequalities?	☒	☐
Outcome Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Marcus Franks (01635) 841552
E-mail Address:	mfranks@westberks.gov.uk

Contact Officer Details	
Name:	Rachael Wardell
Job Title:	Corporate Director Communities
Tel. No.:	01635 519722
E-mail Address:	rwardell@westberks.gov.uk

Executive Report

1. Introduction

1.1 The LSCB set up a Task & Finish Group in 2014. The aim of the group was to scope local statutory responses to FGM and to develop recommendations for action based upon policy recommendations from the intercollegiate document Tackling FGM in the UK 2013. This will support a robust multi-agency and community approach to safeguarding children at risk of FGM across Berkshire West.

1.2 The action plan contained in the intercollegiate document was used as a starting point to review the local response to FGM. This is attached at appendix 1.

1.3 The task and finish group has established that across Berkshire West there is some awareness of FGM amongst local agencies and that some agencies are developing good practice to recognise and respond to women who have suffered FGM.

1.4 However, there is much still to be done locally. The key policy recommendations contained in the 2013 document are not fully addressed locally. A summary document is contained at appendix 1.

2. Equalities

2.1 It is known that the number of communities affected by FGM is growing and with increased migration from the countries where FGM is widely practised, more girls in the UK are at risk of undergoing FGM.

2.2 Local implementation of the recommendations in the report will actively promote the protection of girls living in Berkshire West who are identified as being at risk of FGM.

Appendices

Appendix A – FGM Report

Consultees

Local Stakeholders:

Officers Consulted:

Other:

Berkshire West LSCB Report

Report of FGM Task and Finish Group to LSCBs

In February 2014 the Designated Nurse Safeguarding for the four CCGs in Berkshire West brought to the attention of the LSCBs, an intercollegiate report published by the Royal College of Midwives (2013) entitled Tackling FGM in the UK. Multi Agency Practice Guidelines published in 2011 by HM Government, identified Reading as an area of potential high prevalence of women and girls who might have suffered, or are at risk of suffering, FGM. This is because of the diverse population of Reading.

The chair of the LSCBs requested a task and finish group be formed to review the 2013 report with reference to the three areas across Berkshire West. Members of the LSCBs were requested to identify representation on the task and finish group from their agency.

West of Berkshire Female Genital Mutilation (FGM) Task and Finish Group:

The group consisted of members from Children's Social Care Services, Thames Valley Police, Reading LSCB Business Manager, Royal Berkshire Hospital, Berkshire Healthcare Foundation Trust, Schools Safeguarding Children Lead from West Berkshire Council and Berkshire West CCGs. The group was chaired by the Designated Nurse Safeguarding and met on five occasions between May and October.

The aim of the group was to scope local statutory responses to FGM and to develop recommendations for action based upon policy recommendations from the 2013 document. This will support a robust multi-agency and community approach to safeguarding children at risk of FGM across Berkshire West.

The action plan contained in the intercollegiate document was used as a starting point to review the local response to FGM. This is attached at appendix 1.

Actions Identified by the Task and Finish Group:

Child Protection Procedures

Berkshire LSCBs Child Protection Procedures were amended in June 2014 to reflect the 2013 Intercollegiate Document. The procedures were reviewed by the task and finish group. It was the decision of the group that further clarity is required for frontline practitioners about the need to refer all female children in cultures where FGM is known to be practised to Children's Social Care Services. This must be done with respect and sensitivity to enable a professional assessment of risk to female children within that family.

Suggested amendment to Section 5 of the Berkshire LSCBs Child Protection Procedures.

If a girl or woman is a mother or a prospective mother, her child/ren or unborn child should be considered at risk of significant harm. The professional should consult with their designated child protection advisor and should make a referral to Children's Social Care services. (Adapted from London LSCB Guidance).

The addition of a flow chart to supplement the child protection procedures is also recommended to provide clarity for practitioners.

It is of note that during the course of the task and finish group two families from cultures in which FGM is known to be practiced, were referred to Children's Social Care Services, because the families contained female children who might have been at risk of FGM. The Berkshire LSCBs Child Protection Procedures were followed and the children, at that time, were not considered to be at immediate risk of FGM. However, this raised the question within the group about how professionals could be assured that at some point in the future the risk of FGM for such children would not resurface. This is because there is no process for 'monitoring' such children. The issue reminded the group that communities and all statutory agencies, especially schools and GPs, must, at every contact with families, be alert to recognise and respond to girls at risk of FGM.

Local Health Services:

The Royal Berkshire Hospital NHS Foundation Trust (RBH) has encompassed routine questioning about FGM into all pregnancy bookings. Guidelines for midwives including a referral flowchart for midwives, following identification of pregnant women who have suffered FGM, have been developed for use within midwifery services.

It is apparent that whilst FGM is recognised within RBH maternity services, there is potential to increase recognition and response throughout other departments within the hospital. In particular, key clinical environments such as Urology, Gynaecology and the Emergency Department.

A form adopted from the Bolton FGM Assessment Tool, has been developed at RBH to be used to support referrals to Children's Social Care Services. The form is currently being reviewed within RBH internal governance processes.

The RBH is not currently listed on NHS Choices as a hospital where services for women who have suffered FGM, can be accessed. This is likely to be because there is not a specific FGM clinic at RBH. This is an issue for consideration by CCGs as commissioners of local health services, and also Directors of Public Health.

Other local healthcare providers:

The group was unable to find evidence that routine enquiries about FGM are made in other healthcare settings. There are opportunities for health care professionals to make sensitive enquiries about FGM at every contact with patients. Healthcare professionals need to follow the **'one chance rule'.** This states that the attending professional may only have one chance to speak to the victim and prevent future harm.

Schools:

LSCB members did not provide representation from schools on the task and finish group. This is unfortunate because it is well documented that schools have a crucial part to play in recognising and responding to girls at risk of FGM. Peer support and education within schools will contribute to protecting and preventing girls suffering FGM. The group is unable to comment if any action is being taken in schools to identify girls at risk of FGM.

Data collection:

Since April 2014 all NHS hospitals are required to record:

- If a patient has had Female Genital Mutilation
- If there is a family history of Female Genital Mutilation
- If a Female Genital Mutilation-related procedure has been carried out on a patient.

From September 2014 all acute hospitals are required to submit this data centrally to the Department of Health on a monthly basis. This is the first stage of a wider ranging programme of work in development to improve the way in which the NHS will respond to the health needs of girls and women who have suffered FGM and actively support prevention.

It has not been possible to establish the exact numbers of women and girls living in Berkshire West who have suffered or are at risk of suffering FGM. This is because the data is not collected by any source.

The task and finish group has identified the following possible sources to enable collection of local data:

- Use of school census information
- Thames Valley Police data
- Children's service data
- Maternity data set
- Primary care read codes
- Office of National Statistics Registration System

These sources will provide data on actual incidences and allow for predicted incidence according to local demographics.

Raising awareness and preventing FGM:
Although individual organisations attempt to raise awareness of FGM there appears to be a lack of a co-ordinated and consistent approach.

The group suggests that leaflets containing information about FGM and additional resources for help and support should be developed and made available within professional and community settings. This literature should be made available in a range of languages. This will require a commitment for funding.
There is also a wealth of on line resources.

Training:
The Home Office has recently circulated free web based training. This has been advertised within individual agencies. National conferences specific to FGM are available but it is apparent that information about FGM is not currently contained in the LSCBs training programme.

It is recommended that recognition and response to FGM is included in the LSCB training programme.

Community Approach:
One member of the task and finish group met with representatives from two community groups in Reading, ACRE (Alliance for Cohesion and Racial Equality) and Utilivu Woman's Group, to learn more about their response to FGM.

Addressing FGM is seen as a priority within both of these organisations who have emerged as key partners in addressing the issue with those affected.

It has not been possible to locate representatives from affected groups or community based groups in Wokingham or West Berkshire.

Recommendations for future practice:
The group recommend emulating the 'Bristol Model' to address the issues relating to FGM. Key components of this approach include:

- The empowerment of affected communities utilising an educative approach
- Collective ownership – commitment from all key stakeholders
- A strategic overview –how does this fit in with existing violence against women and girls strategies
- Service development and commissioning of support services eg. specialist FGM clinics for women and girls who have suffered FGM can be referred or self- refer, for discussion about surgical interventions and where psychological support can be made available.
- Training and resource development – websites, guidelines, lesson plans and leaflets to support learning and campaigning

Conclusion:
The task and finish group has established that across Berkshire West there is some awareness of FGM amongst local agencies and that some agencies are developing good practice to recognise and respond to women who have suffered FGM. The Berkshire LSCBs Child Protection Procedures support practitioners in referring girls at risk of FGM to Children's Social Care Services who then inform Thames Valley Police.

However, there is much still to be done locally. The key policy recommendations contained in the 2013 document are not fully addressed locally. A summary document is contained at appendix 1.

A co-ordinated strategic direction is required to progress local developments that will ensure girls living in Berkshire West who might be at risk of FGM are identified and protected. Most successful models of addressing FGM currently existing within the UK are based upon the recognition that tackling FGM warrants a co-ordinated approach, from statutory and voluntary organisations as well as representatives from community groups of those affected. Without such co-ordinated strategic direction it will be difficult to progress key policy recommendations locally.

Recommendations (from the task and finish group) to the LSCBs:
The group suggests that the local response to FGM should be a matter raised at the Health & Wellbeing Boards in order to ensure that addressing FGM is a priority for all agencies. Thereafter, in each of the three areas of Berkshire West quarterly FGM delivery and safeguarding partnership meetings are initiated to include developing policy and practice, awareness- raising, intelligence gathering and sharing and data monitoring. This will require commitment from Directorates of Public Health. It is essential that affected communities are represented from the start.

This will inform commissioning of local services for women and girls who have suffered, or might be at risk of suffering FGM.

Amendments are made to section 5 of the Berkshire LSCBs Child Protection Procedures.

Training courses to raise awareness about FGM is made available through the LSCBs training group

Sources of funding are explored to progress the development of literature explaining about the consequences of FGM. Such literature needs to be available in a variety of relevant languages.

References:

RCM, RCN, RCOG, Equality Now, UNITE (2013) Tackling FGM in the UK: Intercollegiate Recommendations for Identifying, Recording and Reporting. London: Royal College of Midwives. (Available at www.rcm.org.uk)

HM Government (2011) Multi-Agency Practice Guidelines: Female Genital Mutilation. (Available at www.gov.uk)

Berkshire Local Safeguarding Children Boards Child Protection Procedures. (Available at http://berks.proceduresonline.com/index.htm)

Appendix 1 Key Policies Recommendations (contained in Tackling FGM in the UK 2013)

Target Audience	Policy Recommendations/Rationale	Expectations of Action to carry out recommendation	Berkshire West Progress
All Agencies	**Treat FGM as Child Abuse** and integrate it into to all safeguarding procedures across the 4 countries of the UK (England, Northern Ireland, Scotland and Wales) outlined in Working Together to Safeguard Children (2013) (England), Co-operating to Safeguard Children (2010) (Northern Ireland), Child Protection in Scotland (2010) (Scotland) and All Wales Child Protection procedures (2008)	• NICE should revise their guidance on 'When to suspect Child Maltreatment' (Clinical Guidance CG89) to include FGM. • Girls born to mothers who have had FGM should be considered at risk of significant harm. They require monitoring through the child protection system until they are at an age when they can speak about FGM and are able to seek protection for themselves. • Lead Social Work agencies should urgently work to revise and clarify referral thresholds when risk of FGM is a concern or suspicion, including conducting assessments and monitoring of the child at risk. Referral pathways must be developed so that all health and social care agencies are aware of their respective roles and responsibilities.	Berkshire LSCBs Child Protection Procedures updated July 2014. Suggested amendment to be made to Policy and Procedure Group. When agreed, accompanying flow chart to be incorporated. Need to develop generic risk assessment tool. RBH have developed one for use in maternity services.
NHS	**Document and collect information on FGM and its associated complications in a consistent and rigorous way:** Good documentation is important for planning and commissioning services on FGM, providing quality care for girls and women affected, for research and for monitoring trends of FGM in the UK.	• The Health and Social Care Information centre should develop specifications to code FGM in hospital episode statistics and in maternity and child health datasets. • Every woman from practicing community who books for maternity care should be asked in a sensitive manner about FGM and the discussion recorded in paper based and electronic records, to include action taken or referral to the appropriate professional. • All new patient registrations in primary and secondary care, including A&E of young girls/women, should include detailed enquiry about country of origin. If the family is from FGM practicing community, document any presence of FGM to establish a baseline for monitoring and sharing information with relevant agencies.	Since September 2014 RBH submit monthly returns re FGM to DH. Routine questioning about FGM at all antenatal bookings. Guidelines and referral flowchart for pregnant women developed and implemented for midwives to use at RBH.

		• This information should be captured at all pregnancy bookings • The Royal College of Paediatrics and Child Health (RCPCH) should update the specifications for the 'Personal Child Health Record' (the Red Book) to include a code for the mother having FGM. This should include FGM in the electronic 'Red Book' (Personal Child Health Record) • Health practitioners in maternity services should ensure FGM is coded in electronic records and information shared with child health teams. • Adequate language translation services are required in areas of high prevalence.	Midwives record risk of FGM in maternity discharge records that are sent to GPs and Health Visitors. RBH staff have access to interpreter services via Prestige Network. Information Sharing processes re FGM requires further exploration and development. PCHR is not currently used to document risk of FGM.
Health, Social Care, education and the Police	**Share information on FGM systematically:** There is a need to develop information sharing protocols between health, the police and other relevant agencies such as social care and education.	• The NHS should develop protocols for sharing information about girls at risk – or girls who have already undergone FGM with other health and social care agencies, the Department for Education and the police. • These protocols should be based on national guidance and should regularly be reviewed for their effectiveness by public health directors and GP commissioners.	Information sharing processes re FGM requires further exploration and development.
Healthcare Professionals	**Develop the competence, knowledge and awareness of frontline health professionals to ensure prevention and girls' protection of girls at risk of FGM:** Ensure that health professional know how to provide quality care for girls who suffer complications of FGM.	• Health and Social Care staff must work to the WHO guidelines for nurses and midwives, the UK multi-agency practice guidelines and CPS legal guidance. www.who.int/reproductivehealth/publications/fgm/en/index.html • On the opening and re-suturing of women with Type III FGM, WHO guidelines should be followed. Guidelines can be accessed from the WHO website as follows: www.who.int/reproductivehealth/publications/maternal_perinatal_health/RHR_01_03/en/index.html • Refer all women identified with FGM for support and further	FGM guidelines in place at RBH. FGM awareness incorporated in ingle agency safeguarding children training. Access to Home Office FGM e-learning course circulated to the LSCB

		medical and psychological assessment as appropriate. This must be done very sensitively. • A multi-agency and multi-professional approach should include the Medical Royal Colleges, professional organisations and trade unions for incorporating FGM into pre-registration education/undergraduate level training and continue professional development appropriate to the individuals' levels of responsibility and accountability. This should include a mix of face to face and the development of e-learning resources on FGM, which all relevant frontline professionals can access. • A lead agency should be involved in producing e-learning materials for healthcare and other practitioners. This agency should inv9olve the main health professional bodies such as the relevant medical royal colleges and health trade unions in developing training materials. • High quality information on the effects of FGM (health, psychological and rights-based) should be provided to all women identified as having FGM. • Healthcare practitioners need to consider the needs of both the future child as well as any other female children who may already be born or resident in the household with the woman. • Healthcare practitioners need to follow the 'one chance' rule. This states that the attending professional may only have one chance to speak to the victim and prevent future harm.	Training Group with the request to consider provision of multi-agency training about FGM. RBH has developed a leaflet for pregnant women. BHFT have developed a leaflet about diversity and cultural norms.
Health, Social Care, Education and the Police	**Identify girls at risk and refer them as part of the safeguarding children obligation:** Early identification of risks of FGM to girls, referral, planned and sustained information and support to families are needed to protect girls from undergoing FGM.	• Professionals should identify girls at risk of FGM as early as possible. All suspected cases should be referred as part of existing child safeguarding obligations. Sustained information and support should be given to families to protect girls at risk. • In cases where FGM is identified in a woman who presents at maternity services, the implications for the woman and her future child should be discussed by the midwife or doctor and a clear plan of action including communication with relevant agencies detailed in paper and electronic records. • Professionals should refer all women identified as having undergone	Incorporated in Berkshire LSCBs Child Protection procedures. RBH have developed a flow chart to support decision making and referral. Midwives inform health

		FGM who give birth the female children to the Multi-Agency Safeguarding Hub (MASH) for discussion and review. A home visit should be made by social services and further information on the law on FGM and support provided to women. This has been tried in Waltham Forest before the FGM Services closed down. Such visits have been welcomed by women. • It is important to share this information with the GP, the health visitor, school nurse and safeguarding leads in Schools so that they can engage in continuous dialogue and provide information to parents about illegality of FGM and monitor girls at risk. • Health practitioners offering travel vaccinations to children from practising communities for travel to countries where FGM is prevalent must be sensitive to the possible risk of FGM. • Girls from FGM practising communities who are put on child protection registers for other forms of abuse and those who come into contact with youth offending teams and CAMHS should be asked about their risk or experiences of FGM by trained professionals. • All responsible agencies should promote and sign post at risk girls and women to age appropriate information and support services such as the NSPCC helpline and specialist FGM clinics. • Refer all girls and women identified with FGM for support and further medical and psychological assessment as appropriate. Referral pathways must be developed so that all health and social care agencies are aware of their respective roles and responsibilities.	visitors and GPs of pregnant women who have suffered FGM.
All Agencies	**All girls and women presenting with FGM within the NHS must be considered as potential victims of crime and should be referred to the police and support services.** FGM is illegal in the UK. All professionals to be aware of the	Protocols for information sharing between health, the police and other relevant agencies such as social care and education should be developed. These protocols should be based on national guidance and should regularly be reviewed for their effectiveness by public health directors and GP commissioners.	Requires further development. Currently referrals are made to CSC who then convenes a strategy meeting with the police.

	FGM Act (2003) and able to act on cases of FGM where a crime has been committed. All girls and women who were UK residents since March 2004 and have had FGM are victims of crime, with rights to redress, regardless of whether FGM was committed in the UK or abroad.		
Local Authorities, Service Commissioners and Social Services	**The NHS and local authorities should systematically measure the performance of frontline health professionals against agreed standards for addressing FGM and publish outcomes to monitor progress of implementing these recommendations.** Directors of Public Health, Health and wellbeing Board and Clinical Commissioning Groups to consider the needs of people affected by FGM with Joint Strategic Needs Assessment (JSNA) and local strategies (e.g. Violence against Women and Girls strategies) particularly in areas where communities affected by FGM reside. Local Safeguarding Children Boards should be charged with leading a preventative response to FGM, including ensuring that information on girls at-risk is	• Directors of Public Health, Directors of Social Care and Children's Services, Clinical Commissioning Groups, Health and Wellbeing Boards should include FGM in the Strategic Needs Assessments (JSNA) and Violence against Women and Children strategies. • JSNAs should inform preventative strategies led by the Local Safeguarding Children Boards in collaborations with the local authority and Health and Wellbeing Boards. • In the absence of local prevalence data, local authorities to use socio-demographic data; e.g. Primary Level Annual Schools Census (PLASC), to map communities affected by FGM in their local area, and to plan for services to meet those needs. • In all areas, training on FGM should be integrated into all safeguarding training conducted by LSCBs. • Practitioners should be aware of their role in prevention during the life-course of the girl at risk and be able to sensitively discuss FGM and prevention of harm with them. • In areas with high densities of communities affected by FGM, preventions should be explicit in local child protection policies. • LSCBs should publish and share their strategies in high density areas. • Preventative agendas should consider the need for empowering girls at risk to prevent harm, as well as support services for those affected by FGM. • The NSPCCs dedicated FGM helpline service is promoted across all settings, including health, social care and education as a resource	Refer to Health and wellbeing Boards

	shared across health, social care and education with information sharing protocols based on national guidance, and regular reviews of how information is shared and used. Practitioners should refer all women from FGM affected communities who have had FGM and who have female children to the Multi-Agency Safeguarding Hub (MASH) for discussion, review and assessment	for practitioners with concerns and girls at risk to claim their rights to protection. • Some practitioners – teachers, school nurses, GPs – are well placed to talk with girls at risk about prevention of harm. LSCBs should support such interventions. • Strategies for early identification of girls at risk should be put in place: At national level – health, Social Care and education performance in these areas should be monitored against the CQC and Ofsted inspections regime which are published. At local level – Develop FGM into quality standards for commissioning, by which health and social care institutions/service providers can be judged.	
UK departments for education	**Empowering and supporting affected girls and young women should be a priority consideration.** Many girls are too young to understand the implications of FGM for them. Young people may support FGM because they lack fact about it.	• In areas where affected communities reside, schools should explicitly include discussions and information on FGM within Personal, Social and Health Education (PSHE) curriculum. Teachers, School Nurses, Health Visitors, Counsellors and Safeguarding Leads in schools should provide time for 1:1 conversations and information to girls from practising communities. These could be integrated into other messages (MSPCC Pants Campaign), encouraging girls and young women to report harm such as in the preventions of physical and sexual abuse. Young people should be signposted to the MSPCC FGM Helpline on 0800 028 3550 for advice, information and counselling.	Refer to Schools
Home Office, UK Public Health Authorities and Social Services	**Develop and implement national public health and legal awareness campaigns in FGM, similar to previous campaigns on domestic abuse and HIV.** Current information provision about the health consequences is not reaching the affected communities and the general	Well-designed public health and legal awareness campaign about FG<, targeted at women and girls from at risk communities about the health and legal implications of FGM. These campaigns should also emphasise to the general public that FGM is illegal in the UK, a message endorsed by key professional organisation and NGOs.	

	public is not aware of the illegality of FGM. There is support for stringer and effective action by the governments, particularly among young women from affected communities, who want to see the practice stopped.		

Title of Report:	**Health and Wellbeing Conference 2015**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	24th September 2015

Purpose of Report: **To keep the Board informed about the Conference and provide them with a final draft of the agenda.**

Recommended Action: **For information**

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.		
Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☒
• Is it a major policy, significantly affecting how functions are delivered?	☐	☒
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	☒
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☐	☒
• Does the policy relate to an area with known inequalities?	☐	☒
Outcome Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Graham Jones – Tel 07767 690228
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details	
Name:	Jessica Bailiss/Jo Naylor
Job Title:	Policy Officer/Principal Policy Officer
Tel. No.:	01635 503124
E-mail Address:	jbailiss@westberks.gov.uk / jnaylor@westberks.gov.uk

Executive Report

1. Introduction

1.1 A refresh of the Health and Wellbeing Strategy was undertaken in 2014 and was approved by the Health and Wellbeing Board January 2015, following public consultation.

1.2 As a result of duplication between the new Strategy and the Sustainable Community Strategy (2008-2026), it was agreed that the two documents should be combined going forward.

1.3 It was also agreed that priorities around some of the wider determinants of health should include input from a wider range of stakeholders and therefore an annual conference was proposed.

2. The Health and Wellbeing Annual Conference 2015

2.1 The annual conference will be held on 5th November 2015, at Shaw House from 8.30am until 12.30 noon.

2.2 The aim of the event is to bring together the Health and Wellbeing Strategy and Sustainable Community Strategy through drawing attention to the wider determinants of health. These wellbeing priorities that impact on peoples' health and wellbeing will form an integral part of the Health and Wellbeing Strategy going forward.

2.3 The conference will commence with a presentation on the District Needs Assessment (DNA) for the district. Following key topics being presented on will include skills, enterprise and education; housing; environment and transport and promoting a safer community (See Appendix 1 for the full agenda). Each presentation will explore the issues being faced by the district and what the key priorities are going forward for each topic.

2.4 A comprehensive list of representatives are being invited to the event from the following groups and areas: the Health and Wellbeing Board, former Members of the Local Strategic Partnership (LSP), West Berkshire Council Executive Members, the voluntary sector, housing, skills and enterprise, education, safer communities and environment and transport.

3. Equalities

3.1 This item is not relevant to equality.

Appendices

Appendix A – Draft Agenda for the Health and Wellbeing Conference 2015

Consultees

Officers Consulted: Andy Day, Lesley Wyman HWB Management Group, Health and Wellbeing Board

DRAFT AGENDA

Health and Wellbeing Conference

5th November 2015 at Shaw House

8.30am	***Registration and Light Refreshments***	
9.00am	**Welcome and introduction**	*Nick Carter (Chief Executive – West Berkshire Council)*
9.05am	**The Districts DNA**	*Nick Carter*
9.25am 9.45am	**Affordable Housing Challenge** Questions and Answers	*Ann Santry (Chief Executive - Sovereign Housing)*
10.00am 10.20am	**Promoting a Safer Community** Questions and Answers	*Jim Weems (Local Policing Area Commander – Thames Valley Police)*
10.35am	***Comfort Break / Networking***	
10.50am 11.10am	**Skills, Enterprise and Education** Questions and Answers	*Anne Murdoch (Chairman of the Skills and Enterprise Partnership) and Rachael Wardell (Director of Communities – West Berkshire Council)*
11.25am 11.45am	**Environment and Transport** Questions and Answers	*John Ashworth (Director for the Environment– West Berkshire Council)*
12.00pm	**Summing up and close**	*Nick Carter (tbc) (Chief Executive – West Berkshire Council)*
12.15pm	***Lunch***	

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